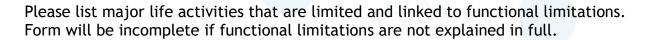


Medical Intake Form - Emotional Support Animal

Section I: To Be Completed By Student

Name of Student
Name of Medical Professional
Medical Records Release
I,
Student Signature
Date
Section II: To Be Completed By Medical Professional
Diagnosis:
Date of Diagnosis:
Date of Last Office Visit:
Level of severity (Please Circle): Mild Moderate Severe
A Disability is defined under the Americans with Disabilities Act as "a physical or mental impairment which substantially limits a major life activity." Based on the above definition of disability, do you feel that this individual exhibits a substantial limitation in a major life activity (jes)? Yes No





Major Life Activity Functional Limitation(s):

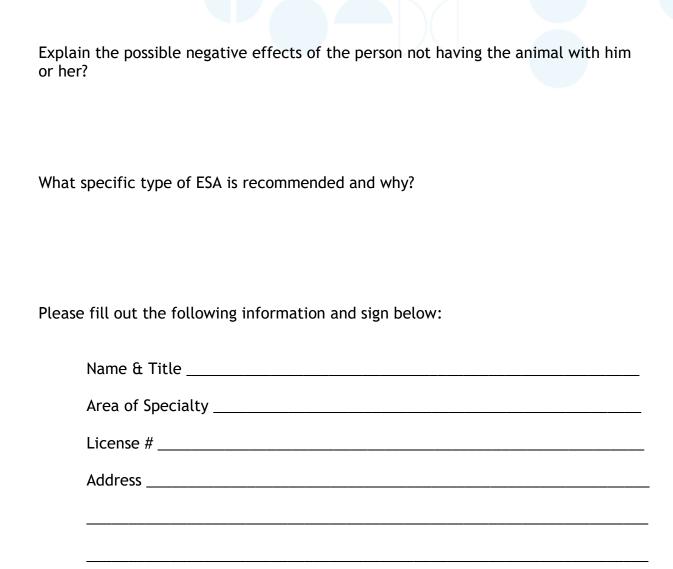
Please provide a brief history of the student's medical condition that requires as ESA and indicate how long you have been treating the student for this condition.

How many days/months did the impairment limit major life activities during the past year? If less than 3 months, please be specific regarding the need for an ESA and indicate if other treatment plans were considered.

What is the specific need for the ESA to afford the student with an equal opportunity to use and enjoy University Housing? Please describe.

What is the relationship between the disability and the assistance the animal provides?





Please return this form to the address below or by email (TJU_CC_AccessibilityServices@jefferson.edu).

Office of Student Affairs Thomas Jefferson University Attn: Jennifer Fogerty, MSEd 130 S. 9th Street, 18th Floor Philadelphia, PA 19107

Telephone Email

Signature _____