

**Medical Documentation of Disability for Special Consideration in Residence Life (ESA)**  
(must be completed by licensed medical professional/provider who is specialized in specific area)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis:

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Date of Diagnosis: \_\_\_\_\_

Date of last office visit: \_\_\_\_\_

Level of severity (please circle):            Mild            Moderate            Severe

Medications:

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Does medication(s) relieve symptoms?

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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 (ies)? \_\_\_\_Yes \_\_\_\_No

Please list major life activities which are limited and linked to functional limitations. Form will be incomplete if functional limitations are not indicated in full. Be specific with limitations in higher education. (Decrease anxiety and depression is not specific)

Major Life Activity Functional Limitation(s):

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What is the expected durations of impairment with and without an ESA:

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

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Please discuss expected long term effects of condition.

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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.

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Last hospitalization for condition \_\_\_\_\_

Last exacerbation of condition \_\_\_\_\_

What specific assistance does the ESA provide? (Decrease anxiety or depression is not specific)

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What is the specific need for the ESA? (Decrease anxiety or depression is not specific)

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What is the relationship between the disability and the assistance the animal provides? (Decrease anxiety and depression is not specific)

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Role recommended accommodation will play in treatment plan? (Decrease anxiety and depression is not specific)

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Explain the possible negative effects of the person not having the animal with them?

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What specific type of ESA is recommended and provide the reason for the specific ESA.

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Is the ESA necessary to afford the student with an equal opportunity to use and enjoy University Housing? If so, please explain. Provide examples as to the reasons. (Decrease anxiety and depression is not specific)

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Please provide alternative accommodation, if applicable.

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Please provided the following personal information and attach any additional information which may be helpful in determining eligibility accommodations. It may be necessary to contact you for clarification. Thank you.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_