LOURDES
U N I V E R S I T Y

Documentation of Disability/Medical Condition
for Accommodations Request of Emotional Support Animal

Student Name: _____

Medical/Health Care Provider: The above named student is requesting an Emotional Support Animal as an accommodation. To consider this student's request, Lourdes University requests documentation of the student's disability/medical condition from the treating and licensed clinical professional or health care provider thoroughly familiar with this student's condition and his/her functional limitations and/or restrictions. Please complete this form in its entirety. If the spaces provided are not adequate, please attach a separate sheet of paper. This information is kept confidential at the highest level possible.

Is the student currently under your care? ____Yes ____No

If yes, for how long have you cared for the student? _____

Diagnosis: _____

Date of Diagnosis/Diagnoses: _____

Date of last visit for this condition: _____

Severity of the condition (check one): ___Mild ___Moderate ___Severe

Please list any current treatment, medications and side effects:

_____

_____

What factors exacerbate this condition?

_____

_____

_____

Does the student's disability/medical condition significantly limit any major life activities? If yes, please describe the limitations and/or restrictions in detail.

_____

_____

Please state specific recommendations regarding the accommodation this student needs in relation to the residence hall environment and explain why such an accommodation is warranted, based upon the student's limitation(s).

_____

_____

Anticipated duration of need for accommodation:

_____

_____

_____

If you are related to this student, what is your relationship?

_____

Physician's Signature: _____ **Date:**_____

Physician's Name: _____ **Specialty:** _____

License/Cert. # _____ **State:** _____

Address: _____

Phone: _____ **Fax:** _____

Information may be forwarded to:
Office of Accessibility Services, Lourdes University
SFH 109, 6832 Convent Blvd, Sylvania, OH 43560
Fax: (419) 824-3753; Phone: (419) 824-3523; Email: oas@lourdes.edu

Please note: General notes or statements without a specific diagnosis history, severity level, limitations, signature, and appropriate provider credentials will not be accepted. Additionally, documentation statements from clinician parents/relatives will not be accepted.

CONFIDENTIAL