



**OHIO**  
UNIVERSITY

Division of Student Affairs  
Housing & Residence Life

# Request for ADA Accommodations

## Medical Provider Report Form

### Verification of Physical Condition/ Chronic Medical Condition

Ohio University Housing and Residence Life provides services and/or accommodations for students with disabilities and/or chronic medical conditions intended to provide reasonable and appropriate accommodations while residing on our residential campus. To determine eligibility for services and/or accommodations, current and comprehensive documentation regarding a physical or mental condition and its impact on the student's functioning are required from a licensed medical professional qualified to diagnose and treat the particular condition(s).

This form must be completed by the student's physician / mental health clinician / service provider and be sent directly from the provider to Housing and Residence Life by either United States Mail or fax (740.593.4089)

Housing and Residence Life  
215 Living Learning Center  
111 South Green Drive  
Athens, OH 45701

**Housing Accommodation forms are required to be submitted annually for placement consideration.**

### Student Information (to be completed by the student)

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_ Middle Initial:\_\_\_\_\_

Student PID:\_\_\_\_\_ Ohio Email:\_\_\_\_\_

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

### Provider Information: (to be completed by medical provider)

Print Name and Title:\_\_\_\_\_

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

License Number:\_\_\_\_\_ State of Licensure:\_\_\_\_\_

Phone Number:\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**OHIO**  
UNIVERSITY

Division of Student Affairs  
Housing & Residence Life

# Request for ADA Accommodations

## Medical Provider Report Form

### Professional Assessment

Name of Student: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Diagnosis:

Is this a temporary or permanent condition? \_\_\_\_\_

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

Date of Last Contact: \_\_\_\_\_

### Special Accommodation Required

How might this condition require special accommodation to promote success while residing in a residential environment (e.g., need for private room, need for ADA accessible room, private bath, extra fridge for medication storage, special furnishings, consideration of location, etc.)?

### Additional Information

If there is any additional information needed, add this information here.