



Housing Exemption / Termination Request

Provider Report Form

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 fax (740.593.4089) or United States mail.

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

Student Information (to be completed by student)

First Name: _____ Last Name: _____ Student PID: _____

Provider Information (to be completed by medical professional)

First Name: _____ Last Name: _____ License Number: _____

Licensed As/Licensure Type: _____ State of License: _____

Date of First Visit with Student: _____ Date of Most Recent Visit: _____ Total Visits (Last 3 Months): _____

Professional Assessment (to be completed by medical professional)

In order to objectively evaluate the need for a housing or dining exemption/ termination, provide detailed information related to the medical and/or psychological condition of the student. **Send a written assessment on clinical letterhead, including:** the initial on-set of the condition; the type, frequency and severity of symptoms; and treatments or medications necessary to alleviate symptoms. In addition, outline the type of living environment, dietary restriction/ needs, and any additional amenities that the student might need to enhance their quality of living. The written assessment and this document should be faxed or mailed as per the directions at the top of the form.

In addition, answer the following:

Has there been a substantial decline of the student's original medical/psychological condition within the last three months? Yes No

If yes, check any of the following observations that apply within the last three months:

- Increase in the number of symptoms
- Increase in the severity of symptoms
- Decreased function
- Persistence of symptoms
- Increase in the subjective level of client distress

If applicable, has the student been tests for allergies as a part of their evaluation above? **If, yes attach testing results** Yes No

Note: Food allergies require a detailed list of the food items that the student can/cannot tolerate. Allergies resulting in rhinitis or bronchial asthma require a recommendation for appropriate living environment (i.e. air-conditioning, controlled environment, air purifier, etc.).