

LAFAYETTE COLLEGE

Air Conditioning Request Form

Air conditioning in Lafayette College's residence halls is limited and students are not permitted to have air conditioners installed in their room except in rare cases of a documented medical condition or disability. In order to evaluate a student's request for air conditioning, the College requires specific diagnostic information from a licensed health care provider or clinical professional. This physician/clinician must be familiar with the functional limitations of the student's medical condition(s). The **student** must complete Section I of the form. By completing Section I, the student consents to allow their physician/clinician to provide information regarding the student's medical condition to the College, and allows appropriate and qualified staff members to discuss the student's request, condition, and resulting determination with the physician/clinician filling out this form. If multiple physicians/clinicians need to provide information, please fill out multiple forms.

The physician/clinician must fill out Sections II and III, attach any supporting documentation, and return the completed packet via mail, fax, and/or email to:

Bailey Health Center

607 High Street
Easton, PA 18042

Phone: 610-330-5001

Fax: 610-330-5704

Email: goldstej@lafayette.edu

SECTION I – TO BE COMPLETED BY THE STUDENT

Name: _____ Anticipated Year of Graduation _____
 First M.I. Last

I hereby give _____ (healthcare provider's name) permission to provide the information requested below to Accessibility Services at Lafayette College.

Student Signature (or legal guardian if under 18 years of age) Date

SECTION II – TO BE COMPLETED BY THE HEALTHCARE PROVIDER MANAGING THE MEDICAL CONDITION GIVING RISE TO THIS REQUEST FOR AIR CONDITIONING.

Important: Many of the residence halls at Lafayette College are not air conditioned, nor are students permitted to have air conditioners installed in their rooms except in rare instances of medical condition or disability. If allergies and/or asthma form the basis of this special housing request, full medical documentation must be provided.

Name of Healthcare Provider: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of most recent office visit by student: _____

How long have you treated this patient for the medical condition giving rise to this request? _____

Type of medical condition giving rise to this request for an air conditioned dormitory room: _____

Please provide the student's diagnosis, functional limitation(s), confirmation of your recommendation for air conditioning, and your justification for your recommendation on pages 2-3 of this form.

SECTION III –TO BE COMPLETED BY THE HEALTHCARE PROVIDER MANAGING THE MEDICAL CONDITION GIVING RISE TO THIS REQUEST FOR AIR CONDITIONING.

1. Diagnosis (list all relevant diagnoses): _____

2. Please describe all diagnostic methodology you utilized to arrive at the diagnosis.

For **allergy** patients: Has the student been skin tested by an allergy specialist?

Yes (please fax results to the Bailey Health Center)

No

For **asthma** patients: Has the student undergone a pulmonary function test?

Yes (please fax results to the Bailey Health Center)

No

3. Current treatment being received by the student:

Medication (please specify) _____

Other (please specify) _____

4. Are symptoms: Continuous Intermittent Seasonal

Other (please explain): _____

5. Severity of symptoms: Mild Moderate Severe

Other (please explain): _____

6. Please describe the student's functional limitations based on the diagnosis _____

7. Is there another device that may be substituted for an air conditioner, such as an air purifier or fan?

Yes (please explain) _____

No (please explain) _____

The information provided above is true and accurate:

Signature of Healthcare Provider

Date

License Number

State