

Medical Request for Housing

This form must be completed in full and submitted for review to the Office of Residential Services.

Student completes this section:

Anticipated Year of Graduation _____

First Name _____ M.I. _____ Last Name _____

LIN _____

Applicant's Signature _____

Date _____

Physician completes this section: The responding physician must be currently treating you. The responding physician must be one of the following: Primary Care Physician, Allergist, Pulmonologist or Ear, Nose and Throat Physician.

Your patient has requested the use of an air conditioner in their university housing location. Lehigh University has limited ability to permit air conditioners due to their electrical demand, but we do our best to accommodate individuals who have a medical condition that warrants the need for an air conditioner. Please assist us in determining how great your patient's need for use of an air conditioner is by providing the following information:

1. What is the nature of the patient's condition? Please provide as much detail as possible so we can have a better understanding of your patient's condition.
2. Is the condition intermittent or seasonal in nature? ___ Yes ___ No If Yes, when and how often is your patient affected?
3. What is the expected duration of the condition?
___ Weeks ___ Months ___ Permanent ___ Other
4. In your opinion, can an air purifier or fan be substituted for an air conditioner? ___ Yes ___ No If No, Please Explain:
5. Does patient's condition require any other special housing placement (such as single occupancy or non-carpeted room)?
___ Yes ___ No
If Yes, Please Explain:
6. Is there any other relevant medical information of which we should be aware? (Attach additional sheet if necessary)

Physician's Name (please print) _____

Signature _____

Physician's Specialty _____

Date _____

Physician's Office Phone # _____

OFFICE USE ONLY:

Date Received _____ Building/Room Assignment _____

Reviewed By _____ Approved _____ Not Approved _____ Reason: _____