



## Health Care Form for Students Requesting Housing Accommodations/ESA

In order to evaluate how we can best meet your needs, we require specific information from both you and your examiner. You must complete the top portion of the form below. Also, to facilitate the process, we need you to fill out and sign the Authorization to Receive Health Care Information below. This gives us permission to speak with your examiner if we have questions relating to his/her recommendation for accommodations(s). Your health care provider must complete the rest of this form, sign it, and return the completed packet to the above address.

### Student Fills out This Section

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

(Last)

(First)

(Middle)

SMSU Tech ID Number: \_\_\_\_\_ Star ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Other \_\_\_\_\_

First Semester Enrolled at Southwest Minnesota State University \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

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

Local Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### AUTHORIZATION TO RECEIVE INFORMATION:

I authorize:

- The Coordinator of Accessibility Services to receive information from the provider below.
- My provider to discuss my condition (s) with the Coordinator of Accessibility Services.
- The Coordinator of Accessibility Services to discuss my condition with Housing/Residential Life staff.

Name of Provider: \_\_\_\_\_

Address (Street, City, State, and zip): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical/Healthcare Provider Completes and Signs the Section Below:

STUDENT'S NAME: \_\_\_\_\_

### Emotional Support Animal Documentation Guidance for Clinicians

The Americans with Disabilities Act gives particular status to Service Animals (a dog that performs a task on cue that partially mitigates an impact of the disability). It does not preclude a request for an emotional support animal whose presence (passive with no specific cued behavior but verifiably reduces the impact of a disability through its relationship with the owner) as an accommodation to a standing "no pets" policy.

As a clinician you should be diligent in following your professional training, scope of practice and ethics; not to overthink the legal and policy issues. What I, and other decision makers, need is your professional judgement. Specifically, in your judgement does the individual have a disability\*? Do you believe that the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits that the typical individual receives from a pet? Below is the information I am looking for in evaluating an individual's request for an Emotional Support Animal as an accommodation"

- Describe your professional relationship with the individual on which you are basing the information. Is your principle clinical relationship with the individual for the condition for which the animal is prescribed? How many sessions have you had with the client? What is the general nature of your relationship (primary care, single session to review the need for an ESA, file review from another treating professional and confirming interview; crises intervention or trauma aftermath therapy of 1-4 session), limited short term therapy, ongoing/ long term treatment...)?
- Confirm that the individual has a mental health diagnosis that you feel rises to the level of disability\*
- Explain how the animal helps alleviate the impact of the condition. Is it the long term relationship that has a broad and diffuse impact that reduces the overall level of symptoms? Is it interactions in moments of high stress? (please give example)
- Are there specific negative impacts of the person's not having the animal with them:
  - In residence/living space?
  - In specific situations or contexts (please describe the situations or contexts)?

- When separated for short periods of time (please describe the time period e.g. cannot be separated at all, not for more than 3 hours, for more than 8 hours, overnight...)
- If approved, do the care responsibilities to the animal in this context represent challenges that need to be considered or addressed in a particular way?
- Can you validate the specific animal (breed, color, sex, and name)?
- Are you aware of or have you recommended any training for the animal? If so, please describe.
- If the use of an ESA is a new approach or for a fluid condition provide a date at which the effectiveness or ongoing need should be confirmed.

\*The legal definition of a disability is a mental or physical condition that substantially limits a major life activity compared to most people. Substantial in this context is somewhat subjective but means a notable, significant, meaningful limit/difference to the manner in which the individual engages in the activity, the conditions necessary for them to engage in the activity, the duration for which they can engage in the activity or the frequency which they engage in the activity. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working and the proper functioning of major bodily systems.

Southwest Minnesota State University provides accommodations and support services to students with diagnosed disabilities. A student’s documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA: 1990). **\*The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.** To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student’s disability from the diagnosing physician or health care provider (the provider completing this form cannot be a relative of the student). Items 1 thru 6 must be completed in full. If space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

**Please respond to the following items regarding the student named above:**

1. What is the student’s medical condition/diagnosis?

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- a. How long has the student had this condition?

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b. What is the severity of the condition?

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c. How long is this condition likely to last?

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2. Describe the symptoms related to the student's condition that cause significant impairment in a major life activity.

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3. List the student's current medications(s), dosage, frequency, and adverse side effects.

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a. Are there significant limitations to the student's functioning directly related to the prescribed medications? Yes      No

b. If yes, please describe.

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4. Does the student have a disability as a result of this condition?     Yes     No

5. If yes, please state specific recommendations regarding housing accommodations for this student, and a rationale as to why these housing accommodations are warranted based upon the student's functional limitations. Indicate why the housing accommodations you recommend are necessary (e.g. if you suggest a private room state the reasons for this request related to the student's disability).

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6. If current treatments (e.g. medications) are successful, why are the above housing accommodations necessary?

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Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

License # \_\_\_\_\_ State \_\_\_\_\_

(Please Print) Name/Title: \_\_\_\_\_

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

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

Do not email this filled out form. Please mail or fax the above information to:

Vickie Abel  
Coordinator, Accessibility Services  
Southwest Minnesota State University  
1501 State St., IL 220  
Marshall, MN 56258  
Fax: 507-537-6812

It is imperative we receive verification of the provider's authenticity. All documentation must include an official clinic stamp, original letterhead and/or fax cover sheet.