VERIFICATION OF MEDICAL/PHYSICAL CONDITION

In order to ensure the provision of reasonable and appropriate housing accommodations for students with medical/physical conditions, Housing and Residence Education (HRE) requires documentation from a qualified physician or other licensed medical professional in a field related to the condition that provides verification of the condition, a description of the current functional limitations noted as a result of the condition on a major life activity (e.g. seeing, walking), and any recommendations of possible accommodations. Please use the following guidelines to assist you in the preparation of this document:

1. The documentation should include all of the following information regarding the student:
   a. A statement of condition as a medical diagnosis. Please include the date of diagnosis and the date of last contact with this student.
   b. A description of the procedures (e.g. clinical/diagnostic interview, rating scales, physical examination) that were used to assess/diagnose the medical condition and rule out other explanations.
   c. A description of the symptoms that meet the criteria for diagnosis with the approximate date of onset.
   d. A description of the current severity of the medical condition and this student’s limitations in a university housing setting.
   e. A list any medications or other treatments the student is currently utilizing, including any possible medication/treatment side effects.
   f. A description of any housing accommodations you feel would be appropriate for this student given his/her limitations.
   g. Attach any additional information you feel is relevant in determining housing accommodations for this student.

2. The documentation should include all of the following information regarding the treating medical professional:
   a. Be on letterhead.
   b. Be typed, dated, and bear the signature of the evaluator.
   c. Include the name, title, and professional credentials of the evaluator, including information about licensure or certification.
   d. Include contact information (e.g. name, address, and phone number of practice).

Fax completed letter and any additional information to 352-392-6819 and put to the attention of Carolynn Komanski. Please contact Carolynn Komanski at 352-392-2171 x10117 if you have any questions.