



Office of Access and Accommodations

Student Engagement & Achievement Center
Fort Valley, GA

Housing Accommodation Form for Medical Professionals

Section 1: Health Care Provider Documentation

To ensure that the Office of Access and Accommodations can make an informed decision regarding the student's requested housing accommodations, documentation is required from a licensed medical or mental health professional who has been treating the student. Please complete all questions thoroughly.

Student Information:

Name of student: _____

Student's specific diagnosis: _____

Date of diagnosis: _____

Date of initial contact with student: _____

Date of most recent contact: _____

Condition Details

Is the diagnosed condition: ☐ Permanent ☐ Temporary

List any prescribed medications related to the condition:

Please explain the severity of the condition and frequency of symptoms and how they interfere with major life activities:

List the functional limitations the student experiences as a result of this condition:

How does the student manage symptoms in other campus settings (e.g., classrooms, dining hall, library)?

Accommodation Request

Please provide specific recommendations for reasonable housing accommodations and explain why they are necessary:

What are any alternative ways to meet the student's needs if the requested accommodation is not available?

Other relevant information you believe is important:

Section 2: Supplemental Evaluation of Housing Accommodation Need

Is the impact of the condition life-threatening if the requested accommodation is not provided?

☐ Yes ☐ No

Please explain:

Would the lack of this accommodation result in a significant or permanent negative health outcome?

☐ Yes ☐ No

Please explain:

Is the requested accommodation an integral part of the student's treatment plan?

☐ Yes ☐ No

If yes, explain how it supports clinical outcomes:

Is the request centered on room adaptations necessary for safe and independent occupancy in university housing?

☐ Yes ☐ No

Please explain:

What is the likely impact of the student's overall well-being if the accommodation is not provided?

Section 3: Provider Information and Certification

Provider Name and Title: _____

License Number: _____ State: _____

Practice/Facility Name: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Submission Instructions

The provider may email the completed letter directly to: accessandaccommodations@fvsu.edu.

You may also attach a report or additional documentation if needed. If you have any questions, please contact the Office of Access and Accommodations at the above email.