

Medical Documentation of Asthma, Environmental Allergy, or Food Allergy Disabilities

A patient of yours has requested disability-related services from Ottawa University. Legal protection and eligibility of such services is based on the individual providing sufficient information to conclude that he or she has an impairment that substantially limits one or more major life activities. As the treating specialist, you are asked to provide the following information to assist the university in considering this student's accommodations request. All items are required. Please print legibly.

Today's Date: _____ Physician's Name (please print): _____
 Patient's Name: _____ Date of last visit for condition(s): _____
 Diagnosis(es) and date of onset: _____

For **Asthma**, it is: ___ Mild Intermittent ___ Mild persistent ___ Moderate persistent ___ Severe persistent
 What specifically induces asthma attacks for this student: _____

 Recommendations to the student for asthma management: _____

For **Environmental Allergy(ies)**, please list specific allergens: _____

 Please indicate severity of environmental allergies for this student: ___ Mild ___ Moderate ___ Severe
 Recommendations to the student for allergy management: _____

For **Food Allergies**, please list specific allergens: _____

 The following exposures trigger a food allergy reaction: ___ airborne particles ___ skin contact
 ___ ingestion ___ cross-contact ___ Other (please describe): _____
 The food allergies trigger the following reaction: ___ Anaphylaxis ___ Angioedema ___ Rash
 ___ Gastrointestinal symptoms ___ Other (please explain): _____

Procedures/assessments used to diagnose (please attach copies of assessment results used in making/confirming diagnosis): ___ Spirometry ___ Allergy Testing
___ Evaluation by allergy/asthma specialist ___ Other (please explain): _____

Check the following that apply to this student:

- Was treated in the emergency room for this condition in the last year
- Has received in-patient treatment for this condition within the year
- Prescribed allergy shots
- Prescribed short acting rescue inhaler
- Uses an epinephrine pen (i.e. Epi-pen)
- Recommended to use oral maintenance medications (including antihistamines, leukotriene inhibitors)
- Prescribed inhaled maintenance medications (including steroids, combined beta agonists)

Describe how the above conditions substantially limits a major life activity, and the condition(s) impact(s) on the student's daily life experience in the post-secondary setting (academics, communal living/dining, recreation):

Recommendations for accommodations for the above condition while on campus:

Physician's Signature: _____
Physician's Name: _____
Address: _____ License/State: _____
Specialty: _____ Phone: _____

Student Release:

I, _____, authorize my health care provider above to release the medical information requested to Student Disability Services Office for the purpose of determining appropriate accommodation(s) for my disability while a student at Ottawa University.

Student Signature

Date

ID Number