



ASHLAND UNIVERSITY
Air Conditioning Request Form

(To be completed by the provider on behalf of a student requesting air conditioning)

Air conditioning in Ashland University's residence halls is limited, and students are not permitted to have air conditioners installed in their rooms. A student with a disability that would be adversely affected without air conditioning (such as impacts to breathing or inability to regulate body temperature) might require reasonable accommodations to participate in a program or activity (including housing) at Ashland University. The Student Accessibility Center office coordinates reasonable accommodations, modifications, and auxiliary aids and services for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, and with the Americans with Disabilities Act of 1990 as amended in 2008, as well as other applicable state and federal laws. In order to evaluate a student's request for air conditioning, the university requires specific diagnostic information from a licensed health care provider or clinical professional. This physician/clinician must be familiar with the functional limitations of the student's medical condition(s).

This information will be used in conjunction with the student's self-report to determine reasonable accommodations on an individual basis. Medical information will be considered but is not the definitive information that informs our final decisions. We consider a multitude of factors. A medical provider's recommended accommodation does not automatically bind SAC/AU to approve the accommodation as being reasonable. When recommendations within documentation would primarily enhance success or are considered outside the scope of what is necessary for equal access, the student will be referred to other resources and or given options that may be able to address the specific need.

The physician/clinician must fill out all sections, attach any supporting documentation, and return the completed packet via mail, fax and/or email to:

Student Accessibility Center Ashland University
401 College Ave
Ashland, OH 44805
Email: jdonatin@ashland.edu **FAX:** 419-289-5294

SECTION I-STUDENT INFORMATION

First Name: _____ Middle Init: _____ Last: _____

**SECTION II-TO BE COMPLETED BY THE HEALTHCARE PROVIDER MANAGING THE MEDICAL
CONDITION GIVING RISE TO THIS REQUEST FOR AIR CONDITIONING**

Provider Signature: _____ Date: _____

Provider Name (Print): _____

Provider Title: _____

License or Certification #: _____

Address: _____

Phone Number: _____ FAX Number: _____

Email: _____

Date of most recent office visit by student: _____

How long have you treated this patient for the medical condition giving rise to this request? _____

Type of medical condition giving rise to this request for an air-conditioned dormitory room: _____

SECTION III- TO BE COMPLETED BY THE HEALTHCARE PROVIDER MANAGING THE MEDICAL CONDITION GIVING RISE TO THIS REQUEST FOR AIR CONDITIONING

1. Diagnosis (list all relevant diagnoses): _____

2. Please describe all diagnostic methodologies you utilized to arrive at the diagnosis. _____

For **allergy** patients: Has the student been skin tested by an allergy specialist?

___ Yes

___ No

For **asthma** patients: Has the student undergone a pulmonary function test?

___ Yes

___ No

3. Current treatment being received by the student:

___ Medication (*please specify*) _____

___ Other (*please specify*) _____

4. Are symptoms:

___ Continuous

___ Intermittent

___ Seasonal

___ Other (*please explain*) _____

5. Severity of symptoms:

☐ Mild

☐ Moderate

☐ Severe

☐ Other (*please explain*) _____

6. Please describe the student's functional limitations based on the diagnosis: _____

7. Has the student been treated in an emergency room or hospital for this condition within the last year?

☐ Yes

☐ No

Total number of hospitalizations related to this condition: _____

Date of last hospitalization: _____

8. Is there another device that may be substituted for an air conditioner, such as an air purifier or fan?

☐ Yes (*please explain*) _____

☐ No (*please explain*) _____

9. How does an air conditioner reduce or alleviate current symptoms and better manage the patient's disability as listed above? Include the relationship or nexus between the patient's disability and the outcome provided by air conditioning?
