JOHN CABOT UNIVERSITY

Office of Housing and Residential Life
Housing Accommodation for Medical/Disability Needs

Student Name: _____

Housing Term: _____

Doctor/Medical Care Provider: _____

Please answer the following questions (attach additional pages if more space is required):

1. Have you seen this student specifically for the medical/disability for which he/she is requesting housing accommodation?

    a. If yes, date of last visit with student.

2. Specific Diagnosis and date of onset.

3. Medical recommendations regarding reasonable accommodations for this student in a college residence hall.

4. Copies of documents supporting the diagnosis (including medications) which may be important for follow-up medical care while abroad (please attach).

Signature of Physician/Medical Care Provider:

_____

Please return this form to the JCU Housing Office at housing@johncabot.edu