Gettysburg College
Request for a Medically Necessary Air Conditioner
(To be completed by a Licensed Healthcare Provider)

While some medical circumstances do not rise to the level of a disability, Gettysburg College recognizes that reasonable accommodations may be necessary to assist students in the management of their healthcare needs. A student requiring an air conditioner must submit this request form that has been completed and signed by their licensed healthcare provider (MD, DO, CRNP, PAc, Medical Specialist)

I. Student – To be completed by the student
   Name: Last__________________, First__________________, MI_________
   Date of Birth: ____ / ____ / ____________, Student I.D.# ______________________
   Resident Hall: ___________________________, Room #: __________________________
   (if applicable)

II. Medical Condition Information – To be completed by the Licensed Healthcare Provider
   1. Type of medical condition or allergy requiring an air conditioner:
      _________________________________________________________________________________________________
      _________________________________________________________________________________________________
   2. How long has this student been under your care for this medical condition: ______________
   3. Last time you evaluated the student for the above medical condition: ______________
   4. Symptoms: __________________________________________________________________________________________
      __________________________________________________________________________________________
      ________________________________________________________________________________________
      Are symptoms: ___ Continuous ___ Intermittent ___ Seasonal
      Severity: ___ Mild ___ Moderate ___ Significant
   5. Prescribed medication or treatment taken to manage symptoms: ______________________________
      _________________________________________________________________________________________________
      _________________________________________________________________________________________________
      _________________________________________________________________________________________________
   6. Please specify how the air conditioner will assist in the treatment of the student’s medical condition:
      _________________________________________________________________________________________________
      _________________________________________________________________________________________________
      _________________________________________________________________________________________________
   7. To manage the student’s allergies, is the use of an air conditioner:
      Desirable: ___ Yes ___ No                  Essential: ___ Yes ___ No
   8. To manage student’s other medical conditions, is the use of an air conditioner:
      Desirable: ___ Yes ___ No                  Essential: ___ Yes ___ No

III. Licensed Healthcare Provider
   Name (Print): ______________________________________, License #: __________________________
   Address: _________________________________________________________________________________________________
   Office Phone #: __________________________, Fax #: __________________________
   __________________________
   Signature       Date

Submit to: Gettysburg College Office of Academic Advising
Box 414, CUB 280
300 North Washington Street
Gettysburg, PA. 17325
Office #: 717-337-6579, Fax #: 717-337-6245