Gettysburg College
Request for a Medically Necessary Air Conditioner

Provider form

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.# __________________________
   Residence Hall: __________________________, Room #: ________________________

II. Licensed Healthcare Provider – To be completed by the provider
   Name (Print): ________________________________________
   Area of Specialty___________________________ License #, and state:____________________
   Address: ________________________________________________________, Office Phone #: ____________________, Fax #: ____________________

III. 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

________________________________________, _____ / _____ / ___________, Provider Signature

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

Healthcare Professional office stamp here

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