Verification of Disability Form for Housing Accommodations
for Asthma and Allergy Conditions

Medical Professional: Please complete both pages of this form in its entirety so that we can determine the nature and severity of the student’s condition and appropriateness of the requested accommodations.

The student below has indicated that they have asthma or allergies that rise to the level of a disability and requires housing accommodations.

The Americans with Disability Act (ADA) defines a disability “as a physical or mental impairment that substantially limits a major life activity; a record of such an impairment; or being regarded as having such an impairment.” In determining the extent of one’s limitation, the nature, severity, duration, and impact of the impairment are relevant factors.

If you have any questions, please contact the Haverford Office of Access and Disability Services (ADS) at hc-ads@haverford.edu or 610-896-1324.

Student Name: _______________________________________________________________________________
Diagnosis: ____________________________________________________________________________________
Date of Diagnosis: ___________________________________________________________________________
Date of last visit for this condition: _______________________________________________________
Severity of the condition (circle one) Mild Moderate Severe In Remission
What environmental factors exacerbate this condition? ____________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
What symptoms does the student experience as a result of this condition? __________
_________________________________________________________________________________________
_________________________________________________________________________________________
Does the student take medication for this condition? _____ Yes _____No
If yes, please specify medications: ____________________________________________________________
Does the student use a prescribed inhaler regularly? _____Yes _____No
What are the functional limitations caused by this condition and/or its treatment and how will they impact the student in college?
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Recommended accommodations **(must be clearly linked to the functional limitations):**
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Anticipated duration of the need for the accommodations:
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Print Name of Medical Professional: __________________________________________________________

Credentialed Professional (circle one)       M.D.       D.O.       PA       NP

Specialty or Board Certification: _____________________________________________________________

State and License #: ________________________________________________________________________

Address: _____________________________________________________________________________________

Telephone: __________________________________________________________________________________

* I concur that the patient's asthma and/or allergy rises to the level of a disability under the law and requires housing accommodations.

Signature of Medical Professional: ____________________________________________________________

Date: ______________________________________________________________________________________

Please return this form to Haverford College, Office of Access and Disability Services by fax: 1-833-243-2760 or scan to hc-ads@haverford.edu, or mail to Haverford College Access and Disability Services, Stokes 111 370 Lancaster Ave. Haverford, PA 19041