Saint Xavier University
Student Life

Student Signature/ Health Care Provider Review

Instructions for Students:

Please complete the *Consent for Release of Information* below and deliver this form to your health care provider. For **medical requests,** this should be the provider who is *primarily responsible for treating the student for this condition* (DO, MD, NP, PA). For **mental health requests**, this should be an appropriately *licensed psychiatrist, psychologist, or counselor*. The person completing this form cannot be related to the student.

Consent for Release of Information (to be completed by student):

I authorize_____(health care provider's name) to disclose the information requested on this form to Saint Xavier University for the purpose of evaluating my request for housing accommodations. I authorize both parties to discuss information, as needed, related to my request. If requested by my health care provider, I will execute a further release permitting Saint Xavier University to confer with my health care provider.

Student Name: _____ Date of Birth: _____

Student Signature: _____ Date:_____

Instructions for Health Care Provider Completing this Form:

The student named above has requested a housing accommodation at Saint Xavier University in Chicago.

Saint Xavier University provides reasonable accommodations to students with documented disabilities. Housing accommodations are limited and will be evaluated on a case-by-case basis. In order to effectively evaluate the student's request, the University requests documentation from an appropriately qualified health care provider.

For **medical requests,** this should be the provider who is *primarily responsible for treating the student for this condition* (DO, MD, NP, PA). This should be an appropriately *licensed psychiatrist, psychologist, or counselor* for **mental health requests**. The person completing this form cannot be related to the student.

Please answer each question on the form thoroughly, as this information will be used in determining how to most appropriately address the student's request for housing accommodations.

Please feel free to contact us with any questions: 773-298-3123.

Completed forms can be returned with the student or faxed to:

Saint Xavier University
Office of Student Life
Fax: 773-298-4335

Saint Xavier UNIVERSITY
Student Life

To Be Completed by the Health Care Provider

Health Care Provider Statement for Housing Accommodations

Student Name:_____ DOB: _____

Major Life Activity/Disability Information
Reasonable accommodations are available to students identified as having a disability. A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities."

Examples of major life activities include seeing, hearing, eating, sleeping, walking, standing, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and self-care.

Based on the above definition, does this individual have a disability? YES NO

Medical History

Primary Diagnosis and ICD-10: _____

Secondary Diagnosis and ICD-10: _____

(If applicable, attach a copy of test results, i.e., allergy testing, lab work, pathology)

When was this condition diagnosed? _____

How long has the student been under your care? _____

Date of your most recent evaluation related to this condition? _____

Does the student take prescription medication for this condition? **YES NO**

If yes, please specify medications, doses and frequency:

Does the student utilize other treatments or interventions for this condition? **YES NO**

If yes, please describe:

Health Care Provider Signature:_____ Date:_____

Saint Xavier University
Student Life

To Be Completed by the Health Care Provider

Responses may be typed or summarized on separate sheet and attached with signature details.

Do you believe that your examinations and discussions with this student offer you a sufficient basis to comment upon this student's request for reasonable accommodations?

If so, please explain which, if any, major life activities of the student are substantially limited by this disability.

Please describe in detail the functional limitations of this student's disability.

How would the requested housing accommodation address the substantial limitations discussed above and help the student to obtain equal access to housing at the University?

Are there any other reasonable accommodations, either in addition or as an alternative to the requested accommodation, which would address the student's substantial limitations?

Additional Comments (anything else that you would like the University to understand):

Health Care Provider Name: _____ _____
Please Print — Credential or Degree

Signature: _____

License # / State: _____

Address: _____

Phone: _____ Fax: _____

Medical Office Stamp:

Completed forms and supporting information can be returned with the student or faxed to:
Office of Student Life: (FAX) 773-298-4335

02/26/2025