

Lebanon Valley College

Student Name: _____ DOB: _____

FORM A: MEDICAL PROVIDER INFORMATION: ASTHMA & ALLERGIES (This form is to be completed by a health professional *only if the student requires special housing accommodations because of their health condition*). This form will become a permanent part of the patient's medical record at Lebanon Valley College and will assist staff in determining need for accommodations such as air-conditioning or special housing. Academic accommodations require a separate form.

Diagnosis (check all that apply):

ASTHMA

- Exercise-Induced Asthma Intermittent Asthma Other _____
 Allergy-Induced Asthma Persistent Asthma

ALLERGIES

Please list type of allergy (allergic rhinitis, allergic conjunctivitis, seasonal, perennial, etc.)

Was this patient's allergy confirmed by skin testing or other diagnostic test? Yes No

If so, list date and type of testing: _____

Medications:

Please list current and prior medications used for asthma or allergy treatment including immunotherapy (please note if oral, inhaler, nebulizer or injectable, also if PRN or daily):

Current	Prior
_____	_____
_____	_____
_____	_____
_____	_____

Please check any of the following which are true for your patient:

- History of severe asthma or allergy exacerbations requiring emergency care (emergency room)
 Hospital admission for asthma or allergies. List most recent dates _____
 Prior intubation for asthma or allergies
 Currently requires more than 2 canisters of short-acting beta agonist per month
 Frequent office visits for asthma exacerbation
(please list most recent 3 visit dates) _____

Please state specifically what special accommodations are recommended and what benefits these accommodations will have with regard to the individual's diagnosis and treatment plan.

(Use reverse side if more space needed)

Form Completed by: (Please Print)

Provider Name: _____ License # _____

Provider Specialty: _____

Address: _____

Phone: _____

Provider Signature: _____ Date _____

Please return completed form to:
STUDENT AFFAIRS OFFICE
Lebanon Valley College, 101 N. College Ave, Annville, PA 17003
Fax: 717-867-6074