

FORM B: Medical Provider Information: Chronic Health Impairments (This form is to be completed by a health professional *only if the student has a documented medical/mental health need that requires special accommodations*). Please complete the following information to assist Lebanon Valley College in determining your patient's need for Special Housing Accommodations. The information you provide will become a part of your patient's medical record at Lebanon Valley College and may be utilized by Student Affairs or the Center for Accessibility Resources in accommodating your patient's medical needs. If Academic Accommodations are needed, a separate form will need to be completed. Thank you for your assistance.

A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits a major life activity". Examples of major life activities are: walking, speaking, breathing, hearing, seeing, thinking, sitting, sleeping, working, learning, interacting with others, concentrating, performing manual tasks, or caring for oneself.

1. Based on this definition does the individual have a physical or mental impairment? YES NO

2. Please answer the following questions:
 - a. What specifically is the diagnosis(es)? _____
 - b. Which major life activities are affected by the diagnosis(es)? _____
 - c. How many days/months did the diagnosis(es) limit major life activities during the past year? _____
 - d. What is the expected duration of the condition? _____
 - e. What are the expected permanent or long-term effects of the condition? _____
 - f. Does the student take medication for this condition? YES NO
If YES, please list: _____

3. What other treatment modalities does the student use? _____

4. If applicable, state specifically what special housing accommodations are recommended and what benefits these accommodations will have with regard to the individual's condition.

5. Please state specifically what, if any, other recommendations you have for the student.

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