

# MORAVIAN UNIVERSITY

## Asthma, Environmental Allergy, and Food Allergy Disabilities Documentation

The Office of Disability and Accommodations (also referred to as the ODA) complies with federal and state disability laws that prohibit discrimination and equal access for qualified persons with disabilities to educational programs, services, and activities. Medical providers must complete this form to assist the ODA in determining eligibility, appropriate and reasonable disability accommodations. ***The medical provider cannot be a family member, friend, or relative of the student. Please print legibly.***

Student's First and Last Name: \_\_\_\_\_

Date of the last visit for the condition: \_\_\_\_\_

### Asthma:

Does the student have asthma?      Yes                  No

When was the student diagnosed with asthma? \_\_\_\_\_

The student's asthma is      Mild Intermittent      Mild Persistent      Moderate Persistent      Severe Persistent?

What specifically induces asthma attacks for this student?

What are the recommendations for asthma management?

### Environmental Allergies:

Does the student have environmental allergies?      Yes                  No

When was the student diagnosed with environmental allergies? \_\_\_\_\_

List the student's environmental allergies.

The student's environmental allergies are      Mild                  Moderate                  Severe?

What are the recommendations for environmental allergy management?

## Food Allergies:

Does the student have food allergies?      Yes                      No

When was the student diagnosed with food allergies? \_\_\_\_\_

List the student's *specific food allergies*.

The following exposures trigger a food allergy reaction:

- Airborne Particles
- Cross-contact
- Indigestion
- Skin Contact
- Other. Please explain below.

Food allergies trigger the following reactions:

- Anaphylaxis
- Angioedema
- Gastrointestinal symptoms
- Rash
- Other. Please explain below.

What are the recommendations for food allergy management?

## Diagnosis Procedures/Assessment:

How did you arrive at your diagnosis? Select all that apply. ***Attach copies of the assessment results.***

- Allergy Testing
- Evaluation by a specialist
- Spirometry
- Other. Please explain below.

Select all that apply to this student:

The student received emergency room treatment for this condition within the last year.

**Date(s) treated:** \_\_\_\_\_

The student received in-patient treatment for this condition within the last year.

**Date(s) treated:** \_\_\_\_\_

The student has a prescription for allergy shots.

What is the **frequency** of the allergy shots? \_\_\_\_\_

What is the **duration** of the allergy shots? \_\_\_\_\_

The student has a prescription for a short-acting rescue inhaler.

The student uses an epinephrine pen (i.e., Epi-pen).

The student uses oral maintenance medications such as antihistamines and leukotriene inhibitors.

The student has a prescription for inhaled maintenance medications such as steroids or combined beta-agonists.

## Functional Limitations:

Describe how the above condition substantially limits a significant life activity that the average person in the general population can perform with little or no difficulty.

How does the student's condition impact their daily life experience in the post-secondary setting, such as in academics, communal living/dining, recreation, etc.?

What are the recommendations for health care and symptom management for the above conditions while on campus?

Moravian University provides a one-on-one consultation with a board-certified dietician. Would you recommend a meeting with the dietician so that the student can learn how to best meet their dietary needs while on campus?

Yes      No. If no, please explain below.

Please use additional pages should you need more space to explain the requested information.

# Medical Provider Information:

What is the role of the medical provider? \_\_\_\_\_

Provider's Full Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Provider's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

License or Certification: \_\_\_\_\_ State: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

**Please attach a copy of the medical provider's business card to this form.**

# Student's Section and Release:

The ODA encourages students to sign this form and submit it along with the documentation completed by their medical provider. Signing and submitting this release will expedite the communication between the ODA and the medical provider, avoiding delays in the accommodation process.

I, \_\_\_\_\_ (print the student's first and last name), certify the following:

- My medical provider completed this form.
- I authorize my medical provider to release the medical information requested on this form to the ODA so that they can determine appropriate accommodation(s) for my condition(s).
- I give the ODA permission to communicate with my medical provider and to discuss the information contained on this form.
- I understand that if I do not have my medical provider complete this form and consult with the ODA, it may result in significant delays in processing accommodations.

Student Signature: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

# Form Submission:

*Do not submit medical documentation via email but use one of the secure methods listed below.*

- The documentation can be faxed securely to (610) 625-7877.
- The student may upload the completed PDF by doing the following:
  - Log in to [Accommodate](https://moravian-accommodate.symphlicity.com) (<https://moravian-accommodate.symphlicity.com>)
  - Click on **Documents**
  - Click on **Approved Documents**
  - Click on **Add New**
  - Complete the form.