



# MEDICAL PROVIDER FORM

Accessibility Services Office, Academic Success Center - McQuade Library (3<sup>rd</sup> floor)

*Information in this letter is **confidential** and should not be shared.*

***(This section to be filled out by the student)***

Student Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Merrimack ID# \_\_\_\_\_ Class Year: \_\_\_\_\_  
Provider Name, Credentials, & Specialty: \_\_\_\_\_  
Provider Phone: \_\_\_\_\_ Provider Address: \_\_\_\_\_

***(This section to be filled out by the medical provider)***

This form is utilized in consideration of a student's request for medical housing and/or medical parking accommodations. The information you provide will be helpful to determine reasonable accommodations within the student's need and what is available on the campus. Information provided herein is closely considered, but is used only as a recommendation of the student's needs. Medical documentation will be kept on file at the Accessibility Services Office, will be considered confidential health information and will be accessed only by personnel involved in evaluating and providing reasonable accommodation requests.

Please attach copies of current, comprehensive tests and/or laboratory work that support the student's diagnosis. Any documentation should be submitted on professional letterhead, signed, and the qualification of the examiner should be provided. The provider cannot be a relative of the student. Note: If allergies or asthma provide the basis for a special housing request, full medical documentation, including any skin test results for allergies is required.

**For all requests, please include the following information:**

1. Specific Diagnosis(es): \_\_\_\_\_
2. Date of Diagnosis(es): \_\_\_\_\_ Date of most recent student contact: \_\_\_\_\_
3. Statement as to the activities substantially limited by the condition and the level of severity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If in regard to medical housing accommodation requests:**

1. Describe the student's functional limitation or behavioral manifestation in a college

residence hall setting (include the impact of medication or other treatments):

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2. Provide medical recommendation(s) regarding reasonable accommodation for this student in a college residence hall: \_\_\_\_\_

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**If in regard to medical parking accommodation requests:**

1. Describe the student's functional limitation/behavioral manifestation necessitating access to a personal car (as opposed to other campus transportation resources):

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2. Describe how a personal car alleviates the symptoms: \_\_\_\_\_

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3. Provide the student's appointment frequency (i.e. weekly, monthly, as needed, etc.):

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4. Provide the student's required medical care duration (i.e. 1 month, 1 semester, indefinitely): \_\_\_\_\_

**Provide anything else we need to know:** \_\_\_\_\_

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**Medical Care Provider Signature:** \_\_\_\_\_

**Medical Care Provider Printed Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Please return this form and accompanying documentation to:**

Jodi Rachins, Director of Accessibility Services

rachinsj@merrimack.edu (preferred)

315 Turnpike Street North Andover, MA 01845

(978) 837-3551, Fax: (978) 837-5473

*Merrimack College provides reasonable accommodations to students with documented disabilities who qualify under the Americans with Disabilities Act of 1990 and Section 504 of Rehabilitation Act of 1973. These laws define a person with a disability as one who has a physical or mental impairment which substantially limits one or more major life activities. "Major life activities" include, but are not limited to functions such as walking, seeing, hearing, speaking, breathing, learning, caring for one's self, performing manual tasks, reproduction, and work.*