## **Medical Verification for Air Conditioner Request - Physician's Statement Ball State University**

## **Student Affairs Housing and Residence Life**

765-285-8000 Voice

765-285-2208 TDD

The Ball State University student listed below is requesting an air conditioner due to his/her physical condition. In order to consider this request, Ball State policy requires that current medical verification of the physical condition be provided by the student's attending physician. In order to be considered current, this Physician's Statement must be within 6 months prior to the date of the request. An incomplete form will be returned to the student without being considered.

Please print or type:	
Student Name:(First) (Middle)	BSU ID:
	(Last)
Prognosis:	
Restrictions, if any:	
Functional nature of the condition:	
Expected date restrictions will be lifted, if any:	
Describe clinical evidence of condition, i.e., ph	ysical findings, x-rays, lab tests:
Physician's Signature	Today's Date
	Please return completed form to
Printed or Typed Name of Physician	student OR mark confidential and
	mail/FAX directly to:
Physician's Address	Director
Physician's Address	Ball State University
	Housing and Residence Life  LA N-10
Physician's Daytime Phone Number	Muncie, IN 47306
Day 5 (2042)	FAX: 765-285-3743

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