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) (Last)

Diagnosis: _____

Prognosis: _____

_____

Restrictions, if any: _____

_____

_____

Functional nature of the condition: _____

_____

_____

Expected date restrictions will be lifted, if any: _____

Describe clinical evidence of condition, i.e., physical findings, x-rays, lab tests: _____

_____

_____

_____ _____

Physician's Signature Today's Date

_____

Printed or Typed Name of Physician

_____

Physician's Address

_____

Physican's Daytime Phone Number

Rev. 6/2008

Please return completed form to student OR mark confidential and mail/FAX directly to:

Director
Ball State University
Housing and Residence Life
LA N-10
Muncie, IN 47306
FAX: 765-285-3743