
7. List the student's current medication(s), dosage, frequency and the adverse side effects.

Are there any significant limitations to the student's functioning directly related to prescribed medications? Yes _____ No _____

If yes, please describe: _____

8. Please state specific recommendations to be considered by the University regarding housing and a rationale as to why these housing needs are necessary based on the student's medical (physical or emotional) condition. Also, please identify and explain if there are any housing environments that might lead to an exacerbation of the condition/impairment (i.e. room temperature, room location, etc.)

9. Please provide specific housing accommodation recommendations with justification as to why these accommodations would be appropriate for the student.

a. Accommodation: _____

Justification: _____

Necessary _____

Beneficial but not necessary _____

b. Accommodation: _____

Justification: _____

Necessary _____

Beneficial but not necessary _____

c. Accommodation: _____

Justification: _____

Necessary _____

Beneficial but not necessary _____

Name/Title: _____

Address: _____

Phone: _____

License #: _____ Date: _____

Signature of Provider: _____

By typing your full name you are thereby signing this form.

Please Note: The provider completing this form cannot be a relative of the student

Please email the completed form to disabilityservices@scranton.edu or return it to the student so it can be uploaded to the Accommodate system.