



Air Conditioner Request (Medical, Non-Disability Based)

Students with diagnosed disabilities who believe they need reasonable accommodation in the form of air conditioning in their room should follow the process here: [[How to obtain accessibility related services for students with disabilities](#)]. If the link does not work, cut and paste the following link into your browser: <https://denison.edu/academics/support/obtaining-accommodations>

The University will consider other requests for air conditioning based on other (non-disability) medical needs substantiated by a medical provider through the form below. The medical provider cannot be a family member or close family friend. Requests for air conditioning initially pursued, but not granted, as a disability housing accommodation through the Academic Resource Center will automatically be considered under this process. In all instances, the provider should provide an explanation of the medical condition and why air conditioning is needed. Additional information may be requested as needed.

Due dates are dependent on student status, please refer to the below table.

Student Status	Full Academic Year/Fall	Spring Semester (only)
Incoming 1st Year/Transfer	June 1	January 1
Currently Enrolled Student	March 1	November 1
Student Returning from medical leave or reinstated from suspension	The Monday 3 weeks prior to the 1st day of classes	The Monday 3 weeks prior to the 1st day of classes

Dear Provider:

Your patient has indicated that she/he has asthma, allergies, or other medical conditions that do not rise to the level of a disability but that may benefit from air conditioning in student housing.

Please detail the nature of the medical condition and the basis for the need for air conditioning. Please describe the nature and severity of the student's condition, whether it is chronic or seasonal, its expected duration, and any other relevant information substantiating the need for air conditioning. With the student's permission, Denison may request additional information, including past visit notes or speaking directly with the treating health professional. Submit this form and any supplemental documentation to The Hoaglin Wellness Center at wellness@denison.edu, or via fax (614-293-4333), or send via mail to:

Denison University
Hoaglin Wellness Center
100 W. College Street
Granville, OH 43056



Student Name: _____ Date of last visit for this condition: ___/___/___

Diagnosis: _____ Date of Diagnosis: ___/___/___

Procedures/assessments used to diagnose this student's condition (Please attach copy of test results; e.g.: allergy testing, pulmonary function testing, etc.):

What is the severity of the condition (are the symptoms mild, moderate, or severe? How often do the symptoms manifest - continuously, intermittently?):

Mild Moderate Severe In Remission

Has the student been treated in a hospital or ER for this condition in the past year? Yes or No

Total number of hospitalizations related to this condition: _____ Date of last hospitalization: ___/___/___

Describe whether or what environmental factors exacerbate this condition?

Does the student take prescription medication for this condition? Yes or No If yes, please specify

Medication	Dosage	Frequency

Does the student use a prescribed inhaler regularly? Yes or No

Explain the recommendation for air conditioning and the basis for believing air conditioning will significantly aid the student's condition:

Name of Medical Professional (Print): _____

License/Certification #: _____ State of License/Certification: _____

Address: _____

Phone: (____) _____ - _____ Fax Number: (____) _____ - _____

Signature: _____ Date: ___/___/___