

DOCUMENTATION TO SUPPORT AN ASSISTANCE OR COMFORT ANIMAL AS A REASONABLE ACCOMMODATION REQUEST

We are requesting medical information (diagnosis and prognosis) regarding _____
_____, which will be used to help determine: 1) whether the student
meets the criteria for an individual with a disability under federal law and 2) any appropriate and
reasonable accommodation(s) which could provide equitable access to Elizabethtown College's
programs, activities and services. I would be willing to talk with you by telephone about this
process. Please provide the following information:

1. A clear statement of the condition(s), including diagnosis and expected duration of the condition.
2. The basis for your diagnosis and date of onset.
3. The positive and adverse effects of any prescribed medications.
4. The functional impact or limitations of the condition.
5. Rate the severity of the impact of the condition on the student's performance of major life activities in comparison to most people in the general population.

6. Recommended accommodation(s). The student is requesting authorization for use of an animal in the student's housing unit as a reasonable accommodation. If you believe that such use is *necessary* to enable the student to live on campus, please explain the basis of your opinion, why you deem the animal *necessary* and why any other accommodation would be insufficient to permit the student to live in campus housing absent the use of the animal.

As the student's request for an accommodation is being evaluated, we may need you to provide us with more detailed information. Should this further information become necessary, you will be provided with a follow-up request specifying any additional information we will need from you.

Thank you for your assistance.

HEALTHCARE PROVIDER SIGNATURE _____

DATE _____ **STUDENT'S SIGNATURE** _____

Please mail or fax the documentation to:

Director of Disability Services
Elizabethtown College
One Alpha Drive
Elizabethtown, PA
Fax: (717) 361-1556