



# Medical Documentation of Asthma, Environmental Allergy, or Food Allergy Disabilities

Student Disability Services at Cornell University complies with federal and state disability laws that prohibit discrimination and require that universities ensure equal access for qualified persons with disabilities to educational programs, services and activities. Medical providers can complete this two page form to assist Student Disability Services in determining eligibility and appropriate and reasonable disability accommodations. ***With regard to specific housing as a disability accommodation, Cornell has a limited number of residence halls that are relatively new and/or air filtered or air conditioned. We make our best effort to ensure that students with the most significant disabilities have a medically appropriate placement so that they can actively participate in Cornell educational programs and activities. The health care provider completing this form cannot be a family member or relative of the student.***

**Student's treating physician completes this section. All items are required. Please print legibly.**

Today's Date: \_\_\_\_\_ Physician's Name (please print): \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Date of last visit for condition(s): \_\_\_\_\_  
Diagnosis(es) and date of onset: \_\_\_\_\_

For **Environmental Allergy(ies)**, please list specific allergens: \_\_\_\_\_  
Please indicate severity of environmental allergies for this student: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe  
Recommendations to the student for allergy management: \_\_\_\_\_

For **Asthma**, it is: \_\_\_ Mild intermittent \_\_\_ Mild persistent \_\_\_ Moderate persistent \_\_\_ Severe persistent  
What specifically induces asthma attacks for this student: \_\_\_\_\_  
Recommendations to the student for asthma management: \_\_\_\_\_

For **Food Allergies**, please list specific allergens: \_\_\_\_\_  
The following exposures trigger a food allergy reaction: \_\_\_ airborne particles \_\_\_ skin contact \_\_\_ ingestion  
\_\_\_ cross-contact \_\_\_ Other (please describe): \_\_\_\_\_  
The food allergies trigger the following reactions: \_\_\_ Anaphylaxis \_\_\_ Angioedema \_\_\_ Rash  
\_\_\_ Gastrointestinal symptoms \_\_\_ Other (please explain): \_\_\_\_\_

Procedures/assessments used to diagnose (**please attach copies of assessment results** used in making/confirming diagnosis):  Spirometry  Allergy Testing  Evaluation by allergy/asthma specialist  
 Other (please explain): \_\_\_\_\_

Check the following that apply to this student:

- Was treated in the emergency room for this condition within the last year
- Has received in-patient treatment for this condition within the last year
- Prescribed allergy shots
- Prescribed short acting rescue inhaler
- Uses an epinephrine pen (i.e. Epi-pen)
- Recommended to use oral maintenance medications (including antihistamines, leukotriene inhibitors)
- Prescribed inhaled maintenance medications (including steroids, combined beta agonists)

Describe how the above condition(s) substantially limits a major life activity that the average person in the general population can perform with little or no difficulty, and the condition(s) impact(s) on the student's daily life experience in the post-secondary setting (academics, communal living/dining, recreation):

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Recommendations for health care and symptom management for the above condition while on campus:

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<p><b>Physician Signature:</b> _____</p> <p>Physician's Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>License/Cert.: _____ State: _____</p> <p>Specialty: _____</p> <p>Phone: _____ Fax: _____</p>
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<p><b>Affix business card or apply business stamp within this box.</b></p>
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<p><b>Student Release:</b></p> <p>I, _____, authorize my health care provider above to release to Student Disability Services the medical information requested on this form for the purpose of determining appropriate accommodation(s) for my disability while a student at Cornell University.</p> <p>_____</p> <p>Student Signature <span style="margin-left: 200px;">Date</span> <span style="margin-left: 150px;">Cornell ID number</span></p>
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