



Cornell University

Student Disability Services

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## Medical Documentation of Asthma and 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 us in determining eligibility and appropriate and reasonable disability accommodations.

**Student's treating care provider should complete this form. Please type or print legibly.**

Today's Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Care Provider Info		Practice Name & Address (stamps welcome)
Name & Credentials		
State & License #		
Phone		

When did you first start seeing this student? \_\_\_\_\_ Date of last visit: \_\_\_\_\_

How often do you see this student? \_\_\_\_\_

**Fill out each box that applies to the student:**

**Asthma Diagnosis:** ☐ Yes ☐ No

Severity: ☐ Mild intermittent ☐ Mild persistent ☐ Moderate persistent ☐ Severe persistent

What tests were done to diagnose this condition? \_\_\_\_\_

What specifically induces asthma attacks? \_\_\_\_\_

What is the duration of asthma attacks or flare-up? \_\_\_\_\_

**Environmental Allergy Diagnoses** (list all specific allergens & **specify** if they are **seasonal** or **year-round**):

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Severity of environmental allergies: ☐ Mild ☐ Moderate ☐ Severe

Was allergy testing done? ☐ No ☐ Yes **(If yes, please attach the results)**

What is the **frequency** and **duration** that this student is affected by environmental allergies?

\_\_\_\_\_

**Food Allergy Diagnoses** (please list all 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): \_\_\_\_\_

When exposed, for how long is the student affected by this reaction? Please describe.

**Answer the following questions:**

- 1) Please describe the steps the student must take (including any medications you have prescribed) and your recommendations to the student for asthma/environmental allergy/food allergy management:

- 2) Did this student visit an emergency department or were they admitted to a hospital (for an overnight stay) for these conditions in the last year? If so, please describe the circumstances:

- 3) What disability barriers do they experience in campus housing, in classrooms, and when navigating campus?

- 4) What will mitigate these barriers and why?

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_