

**On Campus Housing Medical Exception Form  
2011-2012**

The Office of Residence Life seeks to provide special housing accommodations for students with medical needs where possible.

In order to request consideration for a health related exception you must **submit this form along with documentation by a health care provider.** This form and the accompanying documentation are due to The Office of Residence Life by **5 p.m. Monday, March 21, 2011**, in order to provide adequate time for processing prior to Housing Selection Process. **Requests received after the deadline will not be accommodated.** Requests are reviewed on a case by case basis and evaluated in conjunction with the MBC Health Center professionals.

Students requesting special accommodations understand that they **MUST resubmit a form and medical documentation every year** in order to update the status of their condition and that the form and **documentation submitted in previous years cannot be used. No exceptions.** **Please be advised there will be a \$450.00 fee each semester for single rooms.**

I am requesting special accommodations for the 2011-2012 academic year. **I understand I must pay the \$300 advanced deposit and have a cleared student account in order to be assigned a room in accordance with my request.** I understand that if the request is approved, I will be assigned a room that fits my particular needs (air-conditioned, non-smoking, single, etc.) and that those needs will take precedent over all other requests (want a particular building, etc.). Additionally, I understand that I must sign up for a room with the correct number of students for the room (double = two people, triple = three people, etc.). My roommate of choice does not need to have a medical accommodation in order to be housed with me, however she must pay the \$300 deposit and have a cleared student account to be housed while meeting any eligibility requirements to live in the residential area (example Jr/Sr status to live in King).

Students approved for special accommodations will be assigned prior to Room Lottery by the Office of Residence Life. Assignment of rooms is done on a first come, first serve basis and by severity of medical need. You will be contacted once your form and documentation is received with your room assignment.

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Current Room Assignment \_\_\_\_\_ Extension \_\_\_\_\_

Current Academic Classification \_\_\_\_\_ E-Mail \_\_\_\_\_

Please describe the health condition prompting this request.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OVER**

Does this condition require treatment from a medical specialist? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please describe.

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Does this condition require special treatment regimes? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please describe.

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Please describe the extent and severity of the symptoms.

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Please describe how living conditions/environments might impact the symptoms of this condition and tell us what type of living environment may alleviate these symptoms.

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Please provide the name, address, and phone number of the physician/metal health care professional providing documentation for this request. Is the documentation attached?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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Name

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Address

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City

State

Zip

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Phone Number

Fax Number

I pledge that the information contained on this form is accurate and true.

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Student Signature

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Date

**Please return this form and supporting documentation to Residence Life.** Questions, please contact 540/887-7221. Documentation can be faxed to 540/887-7227.