Randolph College
MEDICAL DOCUMENTATION FOR SPECIAL HOUSING REQUESTS

Student: Complete the demographic information below and then have your medical provider complete the rest of the form. In order to fully evaluate your request, the documentation may be shared, as appropriate, with the Director of Residence Life, Director of Learning Resources and Disability Services, Director of Counseling Center and Director of Health Center.

Medical Provider: Special housing is extremely limited. Only those students with the greatest medical need(s) will be recommended for special housing arrangements. In order to make this determination, it is important that the medical documentation support the request and is complete.

Please Print:

Student's name _____ Birth date: _____
Home address: _____ E-mail: _____
_____

1. What is the medical problem and how severe is it?

2. Describe the medical measures, including medication and dosages that are currently being employed to treat this problem.

3. What is the specific housing need and why is it important for treating this problem?

Provider's signature: _____ Date: _____
Provider's Name, Printed: _____
Provider's Address: _____
Provider's Phone: _____ Fax: _____

Please return form to: Gretchen Morgan
Randolph College Health Center
2500 Rivermont Avenue
Lynchburg, Virginia 24503

FAX to: 434-947-8106

This form must be received by <u>June 1</u> (First Year Students); <u>April 1</u> (Returning Students)