

**Medical Verification for Air Conditioner Request – Physician’s Statement  
Ball State University**

**Student Affairs  
Housing and Residence Life  
765-285-8000**

The Ball State University student listed below is requesting an air conditioner due to his/her physical condition. In order to consider this request, Ball State policy requires that current medical verification of the physical condition be provided by the student’s attending physician. In order to be considered current, this Physician’s Statement **must be within 6 months prior to the date of the request.** **An incomplete form will be returned to the student without being considered.**

Please print or type:

Student Name: \_\_\_\_\_ BSU ID: \_\_\_\_\_  
(First) (Middle) (Last)

Diagnosis: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Restrictions, if any: \_\_\_\_\_

Functional nature of the condition: \_\_\_\_\_

Expected date restrictions will be lifted, if any: \_\_\_\_\_

Describe clinical evidence of condition, i.e., physical findings, x-rays, lab tests: \_\_\_\_\_

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Printed or Typed Name of Physician

\_\_\_\_\_  
Physician’s Address

\_\_\_\_\_  
Physician’s Daytime Phone Number

Please return completed form to student OR mark confidential and mail/FAX directly to:  
  
Director  
Ball State University  
Housing and Residence Life  
North Dining Hall  
Muncie, IN 47306 Fax:  
765-285-285 3743