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: 765-285-0825

Rev 02/20