MORAVIAN
UNIVERSITY

Asthma, Environmental Allergy, and Food Allergy Disabilities Documentation

The Accessibility Services Center (also referred to as the ASC) complies with federal and state disability laws that prohibit discrimination and equal access for qualified persons with disabilities to educational programs, services, and activities. Medical providers must complete this form to assist the ASC in determining eligibility, appropriate and reasonable disability accommodations. ***The medical provider cannot be a family member, friend, or relative of the student. Please print legibly.***

Student's First and Last Name: _____

Date of the last visit for the condition: _____

Asthma:

Does the student have asthma? ☐ Yes ☐ No

When was the student diagnosed with asthma? _____

The student's asthma is ☐ Mild Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent?

What specifically induces asthma attacks for this student?

What are the recommendations for asthma management?

Environmental Allergies:

Does the student have environmental allergies? ☐ Yes ☐ No

When was the student diagnosed with environmental allergies? _____

List the student's environmental allergies.

The student's environmental allergies are ☐ Mild ☐ Moderate ☐ Severe?

What are the recommendations for environmental allergy management?

Accessibility Services Center | 1200 Main Street | Bethlehem, PA 18018
P: 610 861-1401 | F: 610 625-7877 | asc@moravian.edu | www.moravian.edu/accessibility

Food Allergies:

Does the student have food allergies? ☐ Yes ☐ No

When was the student diagnosed with food allergies? _____

List the student's ***specific food allergies***.

The following exposures trigger a food allergy reaction:
☐ Airborne Particles
☐ Cross-contact
☐ Indigestion
☐ Skin Contact
☐ Other. Please explain below.

Food allergies trigger the following reactions:
☐ Anaphylaxis
☐ Angioedema
☐ Gastrointestinal symptoms
☐ Rash
☐ Other. Please explain below.

What are the recommendations for food allergy management?

Diagnosis Procedures/Assessment:

How did you arrive at your diagnosis? Select all that apply. ***Attach copies of the assessment results.***
☐ Allergy Testing
☐ Evaluation by a specialist
☐ Spirometry
☐ Other. Please explain below.

Select all that apply to this student:

☐ The student received emergency room treatment for this condition within the last year.

Date(s) treated: _____

☐ The student received in-patient treatment for this condition within the last year.

Date(s) treated: _____

☐ The student has a prescription for allergy shots.

What is the ***frequency*** of the allergy shots? _____

What is the ***duration*** of the allergy shots? _____

☐ The student has a prescription for a short-acting rescue inhaler.

☐ The student uses an epinephrine pen (i.e., Epi-pen).

☐ The student uses oral maintenance medications such as antihistamines and leukotriene inhibitors.

☐ The student has a prescription for inhaled maintenance medications such as steroids or combined beta-agonists.

Functional Limitations:

Describe how the above condition substantially limits a significant life activity that the average person in the general population can perform with little or no difficulty.

How does the student's condition impact their daily life experience in the post-secondary setting, such as in academics, communal living/dining, recreation, etc.?

What are the recommendations for health care and symptom management for the above conditions while on campus?

Moravian University provides a one-on-one consultation with a board-certified dietician. Would you recommend a meeting with the dietician so that the student can learn how to best meet their dietary needs while on campus?

☐ Yes ☐ No. If no, please explain below.

Please use additional pages should you need more space to explain the requested information.

Medical Provider Information:

What is the role of the medical provider? _____

Provider's Full Name: _____ Practice Name: _____

Provider's Street Address: _____

City: _____ State: _____ ZIP Code: _____

License or Certification: _____ State: _____ Specialty: _____

Phone Number: _____ Fax Number: _____ Email: _____

Provider's Signature: _____ Date completed: _____

Please attach a copy of the medical provider's business card to this form.

Student's Section and Release:

The ASC encourages students to sign this form and submit it along with the documentation completed by their medical provider. Signing and submitting this release will expedite the communication between the ASC and the medical provider, avoiding delays in the accommodation process.

I, _____ (print the student's first and last name), certify the following:

- My medical provider completed this form.
- I authorize my medical provider to release the medical information requested on this form to the ASC so that they can determine appropriate accommodation(s) for my condition(s).
- I give the ASC permission to communicate with my medical provider and to discuss the information contained on this form.
- I understand that if I do not have my medical provider complete this form and consult with the ASC, it may result in significant delays in processing accommodations.

Student Signature: _____ Date Form Completed: _____

Form Submission:

Do not submit medical documentation via email but use one of the secure methods listed below.

- The documentation can be faxed securely to (610) 625-7877.
- Upload the PDF securely by visiting http://bit.ly/ascdocumentation.
- The student may upload the completed PDF by doing the following:
  - Log in to ***Accommodate*** (https://moravian-accommodate.symplicity.com)
  - Click on ***Documents***
  - Click on ***Approved Documents***
  - Click on ***Add New***
  - Complete the form.