

**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: 765-285-0825