



Medical Documentation of Asthma and Allergy Disabilities

Office of Access and Disability Services

The Office of Access and Disability Services (ADS) at Sarah Lawrence College complies with federal and state disability laws that prohibit discrimination and require that universities ensure equal access for qualified persons with disabilities to education programs, services, and activities.

Medical providers should complete the form below to assist us in determining eligibility and reasonable disability accommodations. This form may not be completed by the student or a relative to the student.

Student: _____ Date: _____

When did you first start seeing this student? _____

Date of last visit? _____

How often do you see this student? _____

Fill out each box that applies to the student.

Asthma Diagnosis: ☐ Yes ☐ No

Severity: ☐ Mild Intermittent ☐ Mild persistent ☐ Moderate Persistent ☐ Severe Persistent

What tests were done to diagnose this condition? _____

What specifically induces asthma attacks? _____

What is the duration of asthma attacks or flare-ups? _____

Environmental Allergy Diagnoses (list all specific allergens and specify if they are seasonal or year round):

Severity of environmental allergies: ☐ Mild ☐ Moderate ☐ Severe

Was allergy testing done? ☐ No ☐ Yes (If yes, please attach the results).

What is the frequency and duration that this student is affected by environmental allergies?

Food Allergy Diagnoses (please list all specific allergens):

The following exposures trigger a food allergy reaction:

- ☐ Airborne particles
- ☐ Skin contact
- ☐ Ingestion
- ☐ Cross-contact
- ☐ Other (please describe): _____

The following allergies trigger the following reactions:

- ☐ Anaphylaxis
- ☐ Angioedema
- ☐ Rash
- ☐ Gastrointestinal symptoms
- ☐ Other (please explain): _____

When exposed, for how long is the student affected by this reaction? Please describe.

Has the student been prescribed an Epi-pen? ☐ Yes ☐ No

If so, do you recommend the student carry it with them at all times? ☐ Yes ☐ No

Please answer the following questions.

1. Describe the steps the student must take (including any medications you have prescribed) and your recommendations to the student for asthma/environmental allergy/food allergy management:

2. Has this student visited an emergency department or were they admitted to a hospital (for an overnight stay) for these conditions in the last year? If so, please describe the circumstances.

3. What disability barriers do they experience in campus housing, in classrooms, and when navigating campus?

4. What accommodations will mitigate these barriers and why?

Healthcare Provider Information

License #: _____ State: _____

Name and Title (please print): _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Signature of Evaluator: _____ Date: _____

ALL DOCUMENTATION IS FILED CONFIDENTIALLY WITH ACCESS AND DISABILITY SERVICES.
No documentation will be released to other departments, such as Health and Wellness, without the student's consent.

THANK YOU FOR YOUR ASSISTANCE IN PROVIDING THIS INFORMATION.

Please return this signed form to: disabilityservices@sarahlawrence.edu

914.395.2235

sarahlawrence.edu

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