

Assistance Animal Request – Medical Provider Form

Student Name: _____

Medical Provider Instructions:

The student named above has requested an assistance animal as a reasonable accommodation at Rollins College. This student lives on campus and it may be important to consider the type of room they reside in. To determine whether this student is eligible and to understand the need for accommodation(s), the Office of Accessibility Services is requesting documentation. The completed form can be emailed to access@rollins.edu, faxed to (407)691-1269 or returned to the student.

Assistance Animal Definition: “Assistance Animals” provide necessary emotional support to an individual with a mental or psychiatric disability that alleviates one or more identified symptoms of an individual’s disability, but which are not considered Service Animals under the Americans with Disabilities Act (ADA).

Please answer the questions as thoroughly as possible. Please write legibly.

1. How long has the student been under your care? _____
2. What is the student’s medical condition(s)?

3. How does this medical condition(s) impact or limit this individual?

4. Are this individual’s major life activities impacted or limited by the medical condition(s)? “Major life activity” is non-exhaustively defined as “performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working.”

___ Yes ___ No

- a. If so, please list the major life activities:

5. Are these limitations substantial in comparison to most people in the general population?

___ Yes ___ No

6. Are you recommending an assistance animal as part of the individual's treatment plan?
___ Yes ___ No
7. Does the animal alleviate/ameliorate the specific symptoms the individual is experiencing?
___ Yes ___ No
- a. If yes, how?

8. Are you recommending a specific animal for the student?
___ Yes ___ No
- a. If yes, please specify type and breed.

9. What is the individual's history of using an assistance animal, if any?

10. Is the assistance animal necessary for the student to have an equal opportunity to use on-campus housing?
___ Yes ___ No
- a. If yes, how?

This section must be completed for this form to be valid:

Medical Provider Name: _____

Title: _____ Specialty: _____

Office Address: _____

Phone Number: _____

License/Certification # and State of License: _____

Signature: _____ Date: _____