

FORM A: MEDICAL PROVIDER INFORMATION: ASTHMA & ALLERGIES (This form is to be completed by a health professional *only if the student requires special housing accommodations because of their health condition*). **If this form is not filled out entirely, does not answer the question(s), or if it is not filled out LEGIBLY, the form will be returned to the student.** Academic accommodations require a separate form.

Diagnosis (check all that apply):

- ASTHMA
- Exercise-Induced Asthma Intermittent Asthma Other _____
- Allergy-Induced Asthma Persistent Asthma

ALLERGIES

Please list type of allergy (allergic rhinitis, allergic conjunctivitis, seasonal, perennial, etc.)

Was this patient's allergy confirmed by skin testing or other diagnostic test? Yes No
If so, list date and type of testing: _____

Medications:

Please list current and prior medications used for asthma or allergy treatment including immunotherapy (please note if oral, inhaler, nebulizer or injectable, also if PRN or daily):

Current	Prior
_____	_____
_____	_____
_____	_____
_____	_____

Please check any of the following which are true for your patient:

- History of severe asthma or allergy exacerbations requiring emergency care (emergency room)
- Hospital admission for asthma or allergies. List most recent dates _____
- Prior intubation for asthma or allergies
- Currently requires more than 2 canisters of short-acting beta agonist per month
- Frequent office visits for asthma exacerbation
(please list most recent 3 visit dates) _____

Please state how long have you been treating the patient / student? _____

Please state specifically what special accommodations are recommended and what **benefits** these accommodations will have with regard to the individual's diagnosis and treatment plan.

(Use reverse side if more space needed)

Form Completed by: (Please Print)

Provider Name: _____ Signature _____

License #: _____

Address: _____

Phone: _____

Provider Specialty _____ Date _____

Please return completed form to:
STUDENT AFFAIRS OFFICE
Lebanon Valley College, 101 N. College Ave, Annville, PA 17003
Fax: 717-867-6074
Email: res-life@lvc.edu