

South Dakota State University

Request for Medical Exemption to SD Board of Regents Housing Requirement Supplemental Medical Need Verification Form

Please understand that for a variety of reasons, not all requests can be honored with the proper documentation. Therefore, only students with significant and debilitating conditions will be given priority.

Please have your physician complete their part of this form and return it to the address listed at the end of this document. A prescription form or brief memo does not include sufficient information for our review process and will be returned.

Special points:

- Single rooms are very limited.
- Purchase of an air purifier and/or humidifier is the responsibility of the student.

In order to evaluate a student's needs for exemption to housing, the University requires specific diagnostic information from a licensed health care provider or clinical professional. This physician must be familiar with the history and functional limitations of the student's physical or psychological condition(s). The student must complete page one of the form below. **To facilitate this process, the University student is required to complete and sign the Permission to Release Information.** This signature allows the physician to provide information to the University, and allows the appropriate and qualified South Dakota State University staff members, permission to discuss the student's condition or resulting determination with the physician completing this form. The provider must complete the pages, sign, and return the completed packet to:

Mail: South Dakota State University
Housing & Residential Life
Box 2810A
Caldwell Hall
Brookings, SD 57007

Fax: (605)688-6044

Student's Name: _____

Student SDSU ID#: _____ Phone Number: _____

Address: _____
(Street Address/PO Box/Residence Hall and Room) (City) (State/Zip)

I give Dr. _____ of the _____
Medical Clinic/Center permission to release to South Dakota State University any and all relevant medical information needed for the medical release for which I am applying. I also authorize my physician to discuss my condition(s) with the appropriate and qualified SDSU personnel on an as needed basis.

Student Signature: _____ Date: _____

a. Do these prescribed medications cause any significant day-to-day functional limitations on the student? No Yes – Please describe: _____

5. Has the student ever been hospitalized as a result of the condition? If so, when was the last hospitalization? _____

6. What factor(s) improve and/or exacerbate this condition? _____

7. How frequently is the student affected by this condition?

Daily Weekly Monthly Seasonally

South Dakota State University offers multiple housing options for students. The following buildings have centralized air-conditioning: Schultz, Ben Reifel, Hyde, Abbott, Thorne, Spencer, Honors, Caldwell, and Brown. Every residence hall is air-conditioned with either central air or with window air units.

All buildings are smoke-free.

All public areas are vacuumed every day and all lavatories are cleaned and disinfected on a daily basis at a minimum when the University is open. Annually, air filters in student rooms are replaced and central ventilation filters are changed twice. All rooms in the system are equipped with operational windows. Students are responsible for cleaning their own rooms, including vacuuming and dusting as needed and restrooms are applicable as assigned.

Therefore, it has been determined that allergies, generally are NOT a legitimate reason to be excused from the residence halls or apartments. Such request will ONLY be considered if there are extenuating circumstances.

8. For **allergy patients**: Has the patient been skin tested by an allergy specialist? If so, what were the results (it is not mandatory for students to receive one)? _____

a. Please list any specific allergens (that would be present in a furnished residence hall room or apartment) that this patient would have an allergic reaction to: _____

9. For **asthma patients**: Has the patient ever required prednisone or any other medications to manage the disease? If so, when was the last time? _____

10. If the student is not a new, first-year or new, transfer student, what and/or how has the student's medical condition changed that requires this request? _____

11. The South Dakota Board of Regents expects SDSU to make reasonable accommodations for students with disabilities and health issues. What accommodations might the University and or Student make in order for this student to be able to live in University Apartments or Residence Halls? (Check all that apply)

- a. Apt./ Room on first floor _____
- b. Wheelchair accessibility _____
- c. HEPA Air Filter Machine _____
- d. Humidifier _____
- e. Orthopedic mattress _____
- f. Central air-conditioned facility _____
- g. Close to restrooms (in residence halls) _____
- h. Other (Please explain): _____

12. What specific medication or equipment is required which would affect placement or room designation? _____

13. If off campus accommodations are stipulated, what recommendations are you making that will help accommodate this medical condition? _____

14. How will off campus accommodations be more beneficial then campus rooms or apartments that might have same or similar provisions? _____

Medical Professional: I understand that medical releases are based on significant (**NOT JUST IMPORTANT, BUT EXTREME IN NATURE**) or unforeseen medical conditions. The information I have submitted is accurate and should be taken into consideration when reviewing this student's record. I further understand that this information may be presented to the SDSU Student Health and Counseling Services or referral physicians or a certified mental health provider.

Doctor/Health Care Provider Signature: _____ Date: _____

Please print _____ your _____ name: _____

_____ Phone: _____

_____ Clinic/Hospital: _____
