



# MEDICAL PROVIDER FORM

## MEDICAL HOUSING ACCOMMODATIONS

Accessibility Services Office, Academic Success Center, McQuade Library

This request for a supportive letter is utilized in consideration of a student's request for **Medical Housing Accommodations**. The information you provide will be helpful in determining reasonable accommodations within the student's need and what is available on campus. Information provided herein is closely considered, but is used only as a recommendation of the student's needs. Medical documentation will be kept on file at the Accessibility Services Office, will be considered confidential information, and will be accessed only by personnel involved in evaluating and providing reasonable accommodations.

The letter must be written and submitted by a medical care professional currently treating this student that is licensed and certified as a primary care physician (PCP), physician assistant, or other pertinent medical specialist. The medical care professional's name, title, credentials/qualifications should be provided. This letter must be printed on official letterhead and signed by the credentialed professional who is not a relative of this student.

The letter should include the following information:

1. Student's Name;
2. Student's Date of Birth;
3. Merrimack ID Number (if known);
4. Medical Care Professional's Name, Title, Credentials/Qualifications;
5. Medical Care Professional's Telephone Number;
6. Medical Care Professional's Office Address;
7. Student's specific diagnosis;
8. Date of the diagnosis, including how long you have been treating this student;
9. Date of most recent contact with this student;
10. Explain the following:
  - a. How the condition interferes with any of this student's major life activities that would be encountered in a residential environment;
  - b. This student's functional limitation or behavioral manifestation in a residential environment (include the impact of medication or other treatments);
  - c. The status (static or changing) of this student's condition; if the effect of the condition includes recurring symptoms, please indicate the approximate frequency;
  - d. The rationale for any recommendations, including the style of housing needed to support this diagnosis, why this diagnosis requires such accommodations, and how these recommendations would remove any barriers to access or participation in the residential environment;

- e. Possible alternatives if meeting primary recommendations is not possible.
11. Feel free to attach additional documentation with this letter (e.g., copy of current, comprehensive assessment that supports the student's diagnosis).

**Please mail, email, or fax this letter and accompanying documentation to:**

Accessibility Services  
Merrimack College  
315 Turnpike Street  
North Andover, MA 01845  
Email: [accessibilityservices@merrimack.edu](mailto:accessibilityservices@merrimack.edu)  
Telephone: 978.837.5722  
Fax: 978.837.5473

*Merrimack College provides reasonable accommodations to students with documented disabilities who qualify under the Americans with Disabilities Act of 1990 and Section 504 of Rehabilitation Act of 1973. These laws define a person with a disability as one who has a physical or mental impairment which substantially limits one or more major life activities. "Major life activities" include, but are not limited to, functions such as walking, seeing, hearing, speaking, breathing, learning, caring for one's self, performing manual tasks, reproduction, and work.*