Medical Documentation of Asthma, Environmental Allergy, or Food Allergy Disabilities

Caltech complies with federal and state disability laws that prohibit discrimination and require that universities ensure equal access for qualified persons with disabilities to educational programs, services and activities. Medical providers can complete this form to assist Caltech Accessibility Services for Students (CASS) in determining eligibility and appropriate and reasonable disability accommodations.

With regard to specific housing as a disability accommodation, Caltech has a limited number of residence halls that are relatively new and/or air filtered or air conditioned. We make our best effort to ensure that students with the most significant disabilities have a medically appropriate placement so that they can actively participate in Caltech's educational programs and activities.

Student's Name: ____________________________ Caltech Class: _____________

Today's Date_________________________ Date of Diagnosis: _______________________________

Date Student was Last Seen/Name of Professional: _________________________________________
___________________________________________________________________________________

For Environmental Allergy(ies), please list specific allergens):

Please indicate severity of environmental allergies for this student:

_____ Mild  _____ Moderate  _____ Severe____

Recommendations to the student for allergy management:
For Asthma, it is:  ____Mild intermittent  ____ Mild persistent  ____ Moderate persistent  ____ Severe persistent
What specifically induces asthma attacks for this student:

Recommendations to the student for asthma management:

For Food Allergies, please list specific allergens:

The following exposures trigger a food allergy reaction:  ____ airborne particles  ____ skin contact  ____ ingestion  ____ cross-contact  ____ Other (please describe):

The food allergies trigger the following reactions:  ____ Anaphylaxis  ____ Angioedema  ____ Rash  ____ Gastrointestinal symptoms  ____ Other (please explain):

Procedures/assessments used to diagnose (please attach copies of assessment results used in making/confirming diagnosis):  ____ Spirometry  ____ Allergy Testing  ____ Evaluation by allergy/asthma specialist  ____ Other (please explain):

Check the following that apply to this student:

____ Was treated in the emergency room for this condition within the last year
____ Has received in-patient treatment for this condition within the last year
____ Prescribed allergy shots
____ Prescribed short acting rescue inhaler
____ Uses an epinephrine pen (i.e. Epi-pen)
____ Recommended to use oral maintenance medications (including antihistamines, leukotriene inhibitors)
____ Prescribed inhaled maintenance medications (including steroids, combined beta agonists)
Describe how the above condition(s) substantially limits a major life activity that the average person in the general population can perform with little or no difficulty, and the condition(s) impact(s) on the student’s daily life experience in the post-secondary setting (academics, communal living/dining, recreation):

Recommendations for health care and symptom management for the above condition while on campus:

Please feel free to attach additional relevant information about student’s condition.

CERTIFYING PROFESSIONAL

Name: __________________________________________________________________________
Signature: ___________________________________________
License: _______________________________ E-mail: _______________________________
Telephone: _____________________________ Fax: _______________________________
Address: _________________________________________________________________________