

University Housing & Dining Services | Medical Exemption Form

| STUDENT ID # (XXX-XX-XXXX) | PHONE (XXX-) | (XX-XXX) | | | | |
|--|---|--|--------------------------------|-------------------------------|-----------------------------------|----------------------|
| LAST NAME | FIRST NAME | | | | MI | |
| CURRENT RESIDENCE HALL ASSIGNMENT (INCLUDE HALL & ROOM #) OR LOCAL | ADDRESS | CITY | | ST | ZIP | |
| PERMANENT HOME ADDRESS | | CITY | | ST | ZIP | |
| ATTENDING PHYSICIAN NAME | PHONE (XXX-) | (XX-XXX) | | | | |
| ADDRESS | CITY | | ST | ZIP | | |
| Western Illinois University offers a wide range of housing options for students. All rADA compliant. All public areas of our residence halls are cleaned with HEPA vacus student rooms are cleaned/replaced. Therefore, it has been determined that alle Briefly describe your medical condition and how your condition will be or has been as | ums everyday an rgies generally a | d all lavatories are cleand are not a legitimate reas | ed and disinfection to be excu | ted daily. Tw sed from the | vice yearly, air e residence h | filters in nalls. |
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| I hereby authorize my attending physician to discuss all pertinent information or alcohol abuse status with the Director of the Beu Health Center and/or the Resource Center at Western Illinois University. I also authorize the Director or rector of the Disability Resource Center to discuss the above information with of ascertaining appropriate housing. This authorization means that: • I have the right to inspect and receive copies of written information of the content of the conten | Director of the fifthe Beu Health the Director of | University Counseling Concerning Conterning Conterning Conterning Conterning Content C | Center, and/or ector of Univer | the Director sity Counse | r of the Disab eling Center a | oility and/or Di- |
| The information disclosed as a result of this consent cannot be re-d unless I specifically authorize it. | | receiving agency/facility | //person to an | yone not pe | ermitted by th | is release |
| I understand that if I refuse to consent to this disclosure of informati | on my appeal w | ill be incomplete. | | | | |
| This consent is valid until or while enrol (DATE) | led. | | | | | |
| I can revoke this consent at any time by submitting a written revocal before such revocation. | tion to the appro | priate person. Revokir | ng this consen | t will not aff | ect disclosur | es made |
| My signature indicates the statements/documentation I have provide of the Student Conduct Code for which disciplinary action may resu | | accurate. I acknowledç | ge that providi | ng false info | ormation is a | violation |
| STUDENT SIGNATURE (DOCUMENTATION IF NO SIGNATURE) | POSITION/TITI | .E | | | DATE | 1 |



University Housing & Dining Services | Medical Exemption Form (2)

THIS PAGE MUST BE COMPLETED BY THE ATTENDING PHYSICIAN

The Western Illinois University student shown on the reverse has requested a medical exemption from the Western Illinois University Housing Policy, and must provide the following information from the attending physician providing current treatment. The Director of the Beu Health Center and/or the Director of the University Counseling Center and/or the Director of the Disability Resource Center of Western Illinois University will review the information you provide, and may contact you for additional information or clarification in order to assess the student's need for a housing adjustment.

| | mitations. Please provide detailed information explaining what accommo ity housing facility, please explain. (Please attach additional documentation | |
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| If the student has a respiratory condition, can it be acco | ommodated by providing an air purifier or humidifer? Yes | No |
| If temporary, Anticipated length: | | |
| | | |
| How long have you been treating the student for this | condition? | |
| Other health concerns, including any other special ac | ecommodation required: | |
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| ertify that the above information is correct and that my patient n | neets the criteria for special housing or release from the University Housi | ng Policy as indicated above |
| PHYSICIAN'S NAME (PLEASE PRINT OR STAMP) | PHYSICIAN'S SIGNATURE (DOCUMENTATION IF NO SIGNATURE) | DATE |
| | | |

Completed petitions and other required documentation should be submitted:

By mail to: Western Illinois University, University Housing & Dining Services, 1 University Circle, Seal Hall, Macomb, IL 61455

By Fax to: (309) 298-2122 By Email to: UHDS@wiu.edu