

3. Is the condition intermittent or seasonal in nature? When and how often is your patient affected?

Medical Request - Use of an Air Conditioner

Accommodative Services
accommodations@union.edu

4. What, if any, medication is prescribed to alleviate symptoms (include name, dosage, and frequency)?

5. Can an air purifier or fan be substituted for an air conditioner? If not, please explain.

Affix Official Provider/Office stamp (below):

Medical Provider Name (please print)

Medical Provider's Specialty

Medical Provider's Office Phone #

Medical Provider Signature

Date _____

OFFICE USE ONLY:	Date Received _____	Bldg/Room Assignment _____
Reviewed by _____	Date of Decision _____	Approved? <u>YES / NO</u>
Notes _____		
Student Notified Date: _____	Res Ed Notified Date: _____	Facilities Notified Date: _____