



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

Student Disability Services at Cornell University 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 two page form to assist Student Disability Services in determining eligibility and appropriate and reasonable disability accommodations. ***With regard to specific housing as a disability accommodation, Cornell 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 Cornell educational programs and activities. The health care provider completing this form cannot be a family member or relative of the student.***

Student's treating physician completes this section. All items are required. Please print legibly.

Today's Date: _____ Physician's Name (please print): _____
Student's Name: _____ Date of last visit for condition(s): _____
Diagnosis(es) and date of onset: _____

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): _____

