



**Accessibility Resources for Students
Verification of Disability Form for Housing Accommodations
for Asthma and Allergy Conditions**

Healthcare Provider: Please complete both pages of this form in its entirety so that we can determine the nature and severity of the student's condition and the appropriateness of the requested accommodations.

The student below has indicated that they have asthma or allergies that rise to the level of a disability and require housing accommodations.

If you have any questions, please contact Accessibility Resources at accessibilityresources@berklee.edu or 617-747-2387

Student Name: _____

Diagnosis: _____

Severity of the Condition (circle one): **Mild Moderate Severe In Remission**

What environmental factors exacerbate this condition? _____

What symptoms does the student experience as a result of this condition? _____

Does the student take medication? Yes _____ No _____

If yes, please specify the medication(s): _____

Does the student use a prescribed inhaler regularly? Yes _____ No _____

What are the functional limitations caused by this condition and/or its treatment?

Recommended accommodations (**must be clearly linked to the functional limitations**):

Anticipated duration of the need for the

accommodations:

Name of Medical Professional (print):

State and License Number:

Address:

Telephone:

Signature of Medical Professional:

Date:

Please return this form to Accessibility Resources for Students at Berklee College of Music by fax at 617-747-2091 or email to accessibilityresources@berklee.edu