# Medical Verification for Air Conditioner Request – Physician's Statement
# The Indiana Academy
# Wagoner Halls

**765-285-8124 Voice  765-285-2778 Fax  765-285-2208 TDD**

The Indiana Academy student listed below is requesting an air conditioner due to his/her physical condition. In order to consider this request, Ball State University requires current medical verification of the physical condition be provided by the student's attending physician. In order to be considered current, this Physician's Statement must be within 6 months prior to the date of the request. An incomplete form will be returned to the student without being considered.

Please print or type

Student Name: _____ _____ _____
First Middle Last

Diagnosis: _____

Prognosis: _____

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Restrictions, if any: _____

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Functional nature of the condition: _____

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Expected date restrictions may be lifted, if any: _____

Describe clinical evidence of condition i.e., physical findings, x-rays, lab tests: _____

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_____ _____
Physician's Signature Date

_____
Printed Name of Physician

_____
Physician's Address

_____
Physician's Daytime Phone Number

**Please return completed form to student or mark Confidential and mail/fax directly to:**

**The Indiana Academy**
**Wagoner Halls**
**Muncie, IN 47306-0655**
**Fax: 765-285-2778**
**Attn: Anna Sammelson**

Natalie Huggins