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

765-285-8124 Voice

Physician's Daytime Phone Number

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: | 2618 | | |
|------------------------------------|--|--|--|
| First | Middle | Last | |
| Diagnosis: | | | |
| | | | |
| Restrictions, if any: | | | |
| Functional nature of the condition | : | | |
| Describe clinical evidence of cond | lifted, if any:lition i.e., physical findings, x-rays, lab t | tests: | |
| | | | |
| Physician's Signature | | Date | |
| Printed Name of Physician | | urn completed form to student or mark tial and mail/fax directly to: Indiana Academy | |
| Physician's Address | | 301 N Talley Ave Muncie, IN 47303 Attn: Anna Sammelson | |

Fax: 765-285-2778

Email: acsammelson@bsu.edu