

Name: _____

SSN: _____

AIR CONDITIONER MEDICAL NECESSITY FORM

The Student Health Center physicians have been asked to screen all students requesting approval for air conditioners. The wiring system in some of the older residence halls is such that they can only handle a limited amount of additional load from air conditioners. For that reason we need to **carefully** screen all air conditioner requests to ensure that those students who have true medical problems that would clearly be worsened without air conditioning are able to have air conditioners in their rooms. If you feel your patient meets these criteria, please provide the information below. Please understand the **final** decision will be made by one of our health center physicians. We appreciate your taking the time to provide this information so we can make the appropriate decision.

This form needs to be completed and returned by July 1st for those entering the Fall Semester and December 1st for those entering the Spring Semester.

Diagnosis: _____

Current Medicines being used to address the above diagnosis: _____

If Allergic Rhinitis is the diagnosis, please list (or enclose) results of skin testing, if done: _____

Comments: _____

Practitioner's Name/Title (M.D., R.N., P.A., N.P., D.O.)

Practitioner's Signature

PLEASE NOTE!

Students will not be approved for an air conditioner (if they meet the criteria) until the Student Health Center Staff is in receipt of their **COMPLETED** Health Evaluation Form.

Release of Information

I give my consent to allow a Release of Medical Information regarding the medical condition for which I am seeking an Air Conditioner or Special Housing to the Dean of Students and Residence Life at the College of William and Mary.

Student's Signature

Date