

Office of Residence Life

Physician Verification Form

Residence Life strives to ensure an equitable, inclusive, and safe living environment for all residential MSM students. We hold that campus living is an important and invaluable social experience at MSM. To ensure that all students can participate in the campus residential experience, as fully as possible, we provide reasonable housing accommodations to students with disabilities.

Required Documentation

Students requesting housing accommodation must turn in this Physician Verification Form. The Physician Verification Form will serve as documentation from an appropriately licensed medical professional (e.g. physician, psychiatrist, psychologist, counselor, etc.) concerning the presence of a diagnosed disability and **information on its medical and/or practical relevance to the requested accommodation** (i.e., relative impact, severity of symptoms, degree of impairment etc.). Once this form is completed by a medical profession, the student must [upload it here](#). The form must be saved as a PDF to be uploaded.

Section 1 – Student Information (to be completed by the student)

Student Name: _____

Student MSM ID Number: _____

Student Status:

Incoming Freshmen Incoming Graduate Transfer Student Continuing Student

Section 2 – To be completed by Certified Medical Professional

Name: _____

Professional Title: _____

License/Certification #:

Issuing State: _____

Date of original contact with student: _____

Date of last contact with student: _____

1. Name of the disability and/or medical condition for which accommodations are being requested:

2. Please list the symptoms and frequency of symptoms the student is experiencing that are causing an impact on one or more major life activities.

3. What housing accommodation(s) are you recommending for the student? (Select all that apply, please describe in detail below).

- Single Room
- Double Room
- Meal Plan
- Off Campus Housing
- ESA
- Other

4. Please describe the correlation between the student's disability and/or medical condition and the recommended housing accommodation.

5. Below, please explain how these accommodations remove barriers to the student's access to MSM's residential community.

SIGNATURE OF CERTIFYING MEDICAL PROFESSIONAL

To determine eligibility for a housing accommodation, Manhattan School of Music requires the student to be a qualified student with a disability (i.e., have physical or mental impairment that substantially limits one or more major life activities) and submit documentation from an appropriate licensed healthcare provider. As the provider you must be familiar with the history and functional limitations of the student's disability. You are not eligible to complete this form if you are related to the student or a close friend.

I verify that this form has been completed by me or a designated staff member, that I am treating this student, and that I am not a relative or close friend of the student.

Physician's Signature_____

Date_____