



Emotional Support Animal
Medical Documentation Form

To Be Completed by Student's Health Care Provider.

Student Information:

Name: _____

Home Address: _____

City/State/Zip: _____ Cell Phone (____) _____ - _____

Care Provider Information:

Provider Name: _____

Credentials/Licensing: _____

Provider Practice Name and Address:

Office Phone Number: (____) _____ - _____

Office Email: _____

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. Generally, we accept documentation from providers in the State of Pennsylvania or the student's home state. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request. So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

Does the student require ongoing treatment? ____ Yes ____ No

When did you first meet with the student regarding this mental health diagnosis? _____

Information About the Proposed ESA

(Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.)

Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by having an ESA?

Is there evidence that an ESA has helped this student in the past or currently?

Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Thank you for taking the time to complete this form. If we need additional information, you may be contacted at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please sign and date this questionnaire (below)

Provider Signature

Date

Care providers should send this form directly to the Accessibility Services Coordinator in one of the following ways:

Email: Shelbie.dannibale@wilson.edu

Fax: (717) 262-4845

Mail: Accessibility Services Coordinator
Academic Support Center
1015 Philadelphia Ave
Chambersburg, PA 17201

STUDENT (please sign this form before providing it to your mental health provider to complete):

By signing below, I consent to allowing my mental health provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with *(personnel from the Accessibility Services Office)* for the next 60 days.

Student Signature

Date