

University Housing & Dining Services | Medical Exemption Form

STUDENT ID # (XXX-XX-XXXX)	PHONE (XXX-XXX)					
LAST NAME	FIRST NAME			MI		
CURRENT RESIDENCE HALL ASSIGNMENT (INCLUDE HALL & ROOM #) OR LOCAL	ADDRESS	CITY		ST	ZIP	
PERMANENT HOME ADDRESS		СІТҮ		ST	ZIP	
ATTENDING PHYSICIAN NAME	PHONE (XXX-XXX)					
ADDRESS	CITY		ST	ZIP		
Western Illinois University offers a wide range of housing options for students. All re ADA compliant. All public areas of our residence halls are cleaned with HEPA vacuu student rooms are cleaned/replaced. Therefore, it has been determined that aller . Briefy describe your medical condition and how your condition will be or has been a	ums everyday an gies generally a	d all lavatories are cleand re not a legitimate reas	ed and disinfecte on to be excus	ed daily. Tw ed from the	rice yearly, air e residence l	r flters in halls.
I hereby authorize my attending physician to discuss all pertinent information; or alcohol abuse status with the Director of the Beu Health Center and/or the Resource Center at Western Illinois University. I also authorize the Director of rector of the Disability Resource Center to discuss the above information with of ascertaining appropriate housing. This authorization means that: • I have the right to inspect and receive copies of written information to the information disclosed as a result of this consent cannot be re-discunless I specifically authorize it. • I understand that if I refuse to consent to this disclosure of information to the information of the information of the information informatio	Director of the latter Beu Health the Director of the Director	University Counseling Contert and/or the Direct Residential Administrate Receiving agency/facility	Center, and/or tector of Universion at Western	he Director sity Counse Illinois Uni	r of the Disal eling Center iversity for the ermitted by the	bility and/or Di- ne purpose nis release
 My signature indicates the statements/documentation I have provide of the Student Conduct Code for which disciplinary action may result 		accurate. I acknowledg	ge that providin	g false info	rmation is a	violation
STUDENT SIGNATURE (DOCUMENTATION IF NO SIGNATURE)	POSITION/TITE	.E			DATE	1



I certify that the above information is correct and that my patient meets the criteria for special housing or release from the University Housing Policy as indicated above.