



# Chronic Health Condition Verification Form

## STUDENT INFORMATION (Please Print Legibly or Type)

Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ BW ID Number: \_\_\_\_\_

Status (check one):  current student  transfer student  prospective student

Local phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address (street, city, state and zip code): \_\_\_\_\_  
\_\_\_\_\_

BW E-Mail: \_\_\_\_\_@mail.bw.edu Personal E-mail: \_\_\_\_\_

## DIAGNOSTIC INFORMATION

**(Please Print Legibly or Type)** *The following information should be completed by a qualified provider. Please provide responses to the following items by typing or writing in a legible fashion. Illegible forms will delay the documentation review process for the student.*

1. What is the disability or medical diagnosis, date of diagnosis, and last contact with the student?

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2. What is the current impact of (or limitations imposed by the condition?)

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3. What is the expected duration, stability or progression of the condition?

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4. Please list medications(s), dosage, frequency and adverse side effects:

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**HEALTHCARE PROVIDER INFORMATION**

(Please sign & date below and fill in all other fields completely using PRINT or TYPE)

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Name (Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**License or Certification #:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** (       ) \_\_\_\_\_ **FAX Number:** (       ) \_\_\_\_\_

**Please fax this form to: The Office of Residence Life, Baldwin Wallace University,  
Fax: 440.826.3730**



# Air Conditioner Request Form

**Please Note:** Your request will not be considered without this completed form and receipt of your documentation from a physician. Baldwin Wallace University reserves the right to request further documentation at any time. *This form and your documentation are valid for one academic year.*

## STUDENT INFORMATION

Name (Last, First): \_\_\_\_\_ ID#: \_\_\_\_\_

Local phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Campus Residence Hall: \_\_\_\_\_ Campus Room Number: \_\_\_\_\_

BW E-Mail: \_\_\_\_\_@mail.bw.edu Personal E-mail: \_\_\_\_\_

Date the AC unit will be in the room: \_\_\_\_\_

(same date as your check-in if request is for beginning of school year)

**Next Steps:** Please have your physician complete the Chronic Medical Condition Verification Form. A prescription is NOT an acceptable form of documentation. The documentation can be faxed to the Office of Residence Life at (440) 826-3730. Upon receipt of the Air Conditioner Request Form AND your documentation, your request will be evaluated. If your request is approved, an email will be sent to your BW account.

### If your request is approved:

- You must purchase the air conditioner. The unit must be a portable unit, less than 6,000 BTUs and be able to plug in to a 110 volt electrical outlet. For more information, please visit: [www.bw.edu/student-life/housing](http://www.bw.edu/student-life/housing).
- You will need to bring your air conditioner on the check-in date listed on your form. There will not be any Residence Life staff available to grant you access to "drop off" units before your check-in date.
- Installation of your AC unit will occur within ten (10) business days of your check-in date. Our B&G department works diligently to install all air conditioners based on the check in dates provided on the AC forms.
- You must have the portable A/C unit in your room ready to install. Please leave it out in the open so it is visible to the installers. Installation will be delayed if unit is not available when B&G arrives.
- Make arrangements with B&G to have A/C removed at close of the academic year.
- No A/C units will be installed after October 1st during fall semester.