

Medical Accommodation Form

The University of Alaska Anchorage will grant accommodations to the university's requirements when a medical condition exists. All information requested must be provided and all questions must be answered for your accommodation request to be considered. UAA may request additional information reasonably needed to evaluate an accommodation request.

This information will be reviewed by the UAA Student Health and Counseling Center. Students will be notified by UAA email of the outcome of their accommodation request within five business days. If the decision is not possible in the five-day period, the university will inform the student in writing to their UAA email address.

The university may change, adjust, or modify determination or an accommodation at any time if there is a change in circumstances that warrants it.

If your request for a medical accommodation is denied, you may request a reasonable accommodation for a disability through the UAA Disability Support Services Office.

STUDENT INFORMATION & ACKNOWLEDGMENT

(To be completed by UAA student requesting accommodation)

Student Name: _____

UAA ID#: _____

UAA Email Address: _____

Phone Number: _____

Describe the accommodation you are requesting:

Please discuss in as much detail as possible the reason you are requesting this medical accommodation:

To the best of my knowledge and ability, the information provided in this form is true and correct and accurately reflects my sincerely held religious beliefs.

Student Signature: _____ Date: _____

For the remaining portion of this request, you must provide this form to a medical doctor (MD), doctor of osteopathic medicine (DO), advanced registered nurse practitioner (ARNP) or physician assistant (PA) licensed in the State of Alaska to complete and sign. **Forms completed by the student or their parents will not be accepted.**

PROVIDER SECTION

Submit completed forms to: UAA Student Health & Counseling Center
Rasmuson Hall 116
tel: 907-786-4040
uaa_studenthealth@uaa.alaska.edu
fax: 907-562-0269

A medical doctor (MD), doctor of osteopathic medicine (DO), advanced registered nurse practitioner (ARNP) or physician assistant (PA) licensed in the State of Alaska must complete and sign this section. *Forms completed by the student or their parents will not be accepted.*

Physician/Provider Instructions: By completing this form, you certify that the following medical contraindication necessitates accommodation from University of Alaska Anchorage policy.

Describe the medical accommodation you are recommending:

Please detail the medical rationale for provision of this accommodation:

Signature of Healthcare Provider: _____ Date: _____

Printed Name: _____ License Number: _____

Practice Name: _____

Practice Phone Number: _____ Practice Email: _____

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