



Office of Health Services
 MacClosky Townhouse Commons
 515 Loudon Road
 Loudonville, NY 12211
 Telephone# 518-783-2554
 Fax# 518-783-2961

AIR CONDITIONER REQUEST
DUE TO
EXTREME MEDICAL CIRCUMSTANCES

TO BE COMPLETED BY ATTENDING ALLERGIST OR MEDICAL SPECIALIST . OFFICE STAMP REQUIRED.

Name of Student: _____ SID # _____

E-mail address: _____ Cell Phone # _____

How long have you treated this patient for an allergic or other significant medical condition? _____

Type of allergy or significant medical condition? _____

Diagnostic testing and results? _____

How are symptoms manifested? _____

Prescription medication taken to manage symptoms and frequency of dose: _____

Over-the-Counter medication taken to manage symptoms and frequency of dose: _____

Are allergy injections given? _____

Are symptoms: Continuous Intermittent Seasonal

Severity of symptoms: Mild Moderate Significant

Is the use of an air conditioner *desirable* Yes No **OR**
essential Yes No to the management of allergy?

Is the use of an air conditioner *desirable* Yes No **OR**
essential Yes No to the management of other medical condition?

SIGNATURE AND OFFICE STAMP REQUIRED OF ALLERGIST OR SPECIALIST FOR OTHER SIGNIFICANT MEDICAL CONDITION:

Affix office stamp below

Signature

<u>OFFICE USE ONLY</u>			
Request Reviewed: Date _____	Approved _____	Denied _____	Pending _____
By _____			
Student Notified: Date _____	By: E-Mail _____	Letter _____	
Residence Life Notified: Date _____	By: E-Mail _____	Letter _____	
Facilities Notified: Date _____	By: E-Mail _____	Letter _____	

Please return this completed form to:

Siena College Health Services
 MacClosky Townhouse Commons
 515 Loudon Road, Loudonville, NY 12211-1462