

Assistance Animal Request - Medical Provider Form

Student or Employee Name:

Date of Birth:

Medical Provider Instructions:

The student or employee named above has requested an assistance animal as a reasonable accommodation at the University of Arizona. "Assistance Animals," sometimes referred to as Companion or Emotional Support Animals, are a category of animals that may work, provide assistance, or perform physical tasks, for an individual with a disability and/or provide necessary emotional support to an individual with a mental or psychiatric disability that alleviates one or more identified symptoms of an individual's disability, but which are **not** considered Service Animals under the Americans with Disabilities Act (ADA).

To determine whether this student or employee is eligible and to understand the need for accommodation(s), the DRC requires documentation.

The completed form can be emailed to drc-info@email.arizona.edu, faxed to (520) 621-9423 or returned to the student or employee.

Please answer the questions as thoroughly as possible. Please write legibly.

1. What is the student or employee's medical condition(s)?

2. How does this medical condition(s) impact or limit this individual?

3. Are this individual's major life activities impacted or limited by the medical condition(s)?

___ Yes ___ No
 - a. If so, please list the major life activities:

4. Are these limitations substantial in comparison to most people in the general population?

___ Yes ___ No

5. Are you recommending an assistance animal as part of the individual's treatment plan?

___ Yes ___ No

6. Does the animal alleviate/ameliorate the specific symptoms the individual is experiencing?

___ Yes ___ No

a. If yes, how?

7. Are you recommending a specific animal for the student or employee?

___ Yes ___ No

a. If yes, please specify type and breed.

8. What is the individual's history of using an assistance animal, if any?

9. Is the assistance animal necessary for the student or employee to have an equal opportunity to use a) University housing, b) the educational environment, or c) the work environment?

___ Yes ___ No

a. If yes, how?

Medical Provider Name:

Medical Provider Signature:

Date:

Medical Provider Phone Number:

Medical Provider Email Address:

To comply with The Genetic Information Nondiscrimination Act of 2008 (GINA), we ask that you **not** provide DRC any genetic information, such as family medical history, genetic test results, genetic services sought/received, or fetus/embryo genetic information.