



Caltech Accessibility Services for Students
Center for Student Services
Phone: 626.395.6352 (undergraduates)/626.395.6346 (graduate students)
Email: cass@caltech.edu

Medical Documentation of Asthma, Environmental Allergy, or Food Allergy Disabilities

Caltech complies with federal and state disability laws that prohibit discrimination and require that universities ensure equal access for qualified persons with disabilities to educational programs, services and activities. Medical providers can complete this form to assist Caltech Accessibility Services for Students (CASS) in determining eligibility and appropriate and reasonable disability accommodations.

With regard to specific housing as a disability accommodation, Caltech has a limited number of residence halls that are relatively new and/or air filtered or air conditioned. We make our best effort to ensure that students with the most significant disabilities have a medically appropriate placement so that they can actively participate in Caltech's educational programs and activities.

Student's Name: _____ Grad (Year i.e. G3) / UG (Class i.e. class of 2023): _____

Today's Date _____ Date of Diagnosis: _____

Date Student was Last Seen/Name of Professional: _____

For Environmental Allergy(ies), please list specific allergens):

Please indicate severity of environmental allergies for this student:

___ Mild ___ Moderate ___ Severe___

Recommendations to the student for allergy management:

For Asthma, it is: Mild intermittent Mild persistent Moderate persistent Severe persistent

What specifically induces asthma attacks for this student:

Recommendations to the student for asthma management:

For Food Allergies, please list specific allergens:

The following exposures trigger a food allergy reaction: airborne particles skin contact ingestion cross-contact Other (please describe):

The food allergies trigger the following reactions: Anaphylaxis Angioedema Rash Gastrointestinal symptoms Other (please explain):

Procedures/assessments used to diagnose (please attach copies of assessment results used in making/confirming diagnosis): Spirometry Allergy Testing Evaluation by allergy/asthma specialist Other (please explain):

Check the following that apply to this student:

- Was treated in the emergency room for this condition within the last year
- Has received in-patient treatment for this condition within the last year
- Prescribed allergy shots
- Prescribed short acting rescue inhaler
- Uses an epinephrine pen (i.e. Epi-pen)
- Recommended to use oral maintenance medications (including antihistamines, leukotriene inhibitors)
- Prescribed inhaled maintenance medications (including steroids, combined beta agonists)

Describe how the above condition(s) substantially limits a major life activity that the average person in the general population can perform with little or no difficulty, and the condition(s) impact(s) on the student's daily life experience in the post-secondary setting (academics, communal living/dining, recreation):

Recommendations for health care and symptom management for the above condition while on campus:

Please feel free to attach additional relevant information about student's condition.

CERTIFYING PROFESSIONAL	
Name:	_____
Signature:	_____
License:	_____ E-mail: _____
Telephone:	_____ Fax: _____
Address:	_____