

SJSU Administration Bldg., Rm 110, One Washington Square, San Jose, CA 95192-0168 · (408) 924-6000 v.; (408) 924-5990 TTY; (408) 924-5999 f.

To Evaluator: The student listed below is requesting an exemption to SJSU's Housing Pet Policy and/or as a University accommodation, as applicable, for the allowance of an ESA as an accommodation for a verified disability. By providing a full and complete response, you will help to expedite the processing of this student's accommodation request, and reduce the need to return to you for additional information.

In order to consider the request and to permit an ESA as a reasonable accommodation, the university requires documentation from a qualified treating professional, such as yourself, that substantiates the student's status as a person with a disability who requires the presence of an animal in order to equally access/fully enjoy his or her campus experience, which includes University Housing.

Form letters that do not provide differentiating information about the student's personal disability experience, or letters that are generated as a result of a single, remote evaluation solely for the purpose of recommending an ESA are also not considered adequate documentation. Requests for multiple animals must include information about the distinct and separate assistance provided by the presence of each animal in relation to the mitigation of the student's disability. Handwritten notes, or notes written on prescription pads, are not considered adequate documentation.

Please Note: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

For general questions pertaining to this form, or to obtain clarification about the information requested, please contact the AEC at (408) 924-6000.

Verification requested for:

Student Name: (Last, First M.I.)

To be completed by licensed practitioner:

Letter Option: Letters must be submitted on office letterhead from treating professional's office and must include a wet signature. The letter must include the following information and any other information that will assist the AEC in determining the student's request:

1. Brief summary of your professional relationship to the student, including duration of time providing care.
2. Verification of disability status through:
 - a. A diagnosis or identification of the nature of the disability, and;
 - b. A description of the specific functional limitations experienced as a result of the disability and how these limit one or more major life activities.
3. How the ESA serves as a mitigating factor in the ongoing treatment or management of the student's disability, including as related to the use and enjoyment of the student's campus experience, which includes University Housing.
4. Identify if the student is using any measure(s) (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitation(s) caused by the student's impairment; if so, do the mitigating measure(s) eliminate the limitation(s).
5. Based on your diagnosis, how would the ESA alleviate these limitations? In what ways is the ESA part of the student's treatment plan?
6. Identify any other accommodation that may be equally effective in allowing the student to use and enjoy campus experience, which includes University Housing.
7. What type of animal is the student requesting as an ESA? Why this particular type of animal?

Form Option: please address each of the following questions:

DSM V/IV Diagnosis: _____

Duration of Diagnosis: Permanent Progressive Chronic Temporary - through: _____
(date)

Axis I: _____ Axis II: _____

Axis III: _____ Axis IV: _____

Axis V: _____

How often do you see this student? _____ Date of student's last visit: _____

Length of time this student has been under your care: _____

Major Life Activity:

Does the impairment affect a major life activity? Yes No

If yes, what major life activity(ies) is/are affected? Please check the level of limitation you believe this student experiences as a result of his/her's disability(ies). Check only those boxes that apply.

1 = Unable to determine

2 = Mild

3 = Severe

1	2	3	Major Life Activity
			Walking
			Speaking
			Breathing
			Hearing
			Seeing
			Thinking
			Sitting
			Reaching
			Interacting w/ others
			Communicating
			Learning
			Reading

1	2	3	Major Life Activity
			Performing manual tasks <i>(including household chores, bathing, brushing teeth)</i>
			Bending
			Concentrating
			Caring for oneself
			Lifting
			Sleeping
			Working
			Reproduction
			Sexual functions
			Eating

1	2	3	Major Life Activity
			Running
			Controlling bowels
			Standing
			Operation of major bodily functions <i>(including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.)</i>
			Other:

1. Describe how each impairment substantially limits the student's ability to perform the marked major like activities as compared to most people in the general populations:

2. Please identify if the student is using any measure(s) (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitation(s) caused by the student's impairment; if so, do the mitigating measure(s) eliminate the limitation(s).

3. Based on your diagnosis, how would the ESA alleviate these limitations? In what ways is the ESA part of the student's treatment plan?

4. Please explain how the accommodation is necessary for the student to use and enjoy the campus experience, which includes University Housing, as compared to a person without a disability:

5. Please identify any other accommodation that may be equally effective in allowing the student to use and enjoy campus experience, which includes University Housing:

6. What type of animal is the student requesting as an ESA? Why this particular type of animal?

**Certifying Licensed Physician or Primary Health Care Provider qualified in
the appropriate specialty area.**

(Must be completed by a licensed practitioner)

Name: _____

(Last, First M.I.)

Medical Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

License Number: _____

Signature: _____ Date: _____

For general questions pertaining to information requested, please contact
the Accessible Education Center at 408-924-6000

Please note: Student medical records supplied to the Accessible Education Center constitute "educational records" under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon written request.