



LORAS COLLEGE

Health Center

1450 Alta Vista St. | Dubuque, IA 52001 | Phone: (563) 588-7142 | Fax: (563) 588-7659

Application to Live Off Campus

TO BE COMPLETED BY THE ATTENDING PHYSICIAN OR SPECIALIST

Student Name _____ Birth date _____ Loras I.D. # _____

1. Current on-campus residence _____

2. Planned off-campus residence _____

3. How long has this student been under your care? _____

4. Diagnosis _____

5. Diagnostic Testing and Results? _____

6. Symptoms? _____

7. Name and frequency of medications taken to manage the symptoms: _____

8. Has the student met with a dietician? Yes No

Explain: _____

9. Recommendations from you or the dietician to assist the student in managing this diagnosis: _____

10. Would there be a permanent health impact if the request to live off campus is denied? Yes No

Explain: _____

11. Is the medical condition life threatening if the request to live off campus is denied? Yes No

Explain: _____

SIGNATURE AND OFFICE STAMP ARE REQUIRED FROM THE ATTENDING PHYSICIAN OR SPECIALIST

Signature

Office Stamp