



LORAS COLLEGE™

Loras College Student Life/Health Center Application to Live Off Campus Because of **EXTREME MEDICAL CIRCUMSTANCES**

TO BE COMPLETED BY STUDENT:

Student Name _____ Loras I.D. # _____

Current on-campus residence: _____ Have you applied for Loras housing next semester? _____

Planned off-campus residence: _____

TO BE COMPLETED BY LICENSED M.D. ONLY:

Diagnosis and how long have you treated patient for this condition? _____

Diagnostic testing to support diagnosis, results of tests, and dates completed: _____

Medications prescribed to manage condition: _____

Has student met with a dietician to manage the condition and/or understand daily nutritional recommendations? _____

Accommodations or dietary regime you or dietician recommend to assist student with management of this diagnosis: _____

Is there a negative health impact that may be permanent if the request to live off campus is denied? _____ Explain in detail:

_____ Is this short or long term? _____

Is the medical condition life threatening if the request to live off campus is denied? _____ Explain in detail: _____

_____**SIGNATURE AND OFFICE STAMP REQUIRED OF LICENSED M.D. TREATING MEDICAL CONDITION:**_____
Signature

Affix office stamp here

Specialty area: _____ Today's Date: _____