



The University of King's College, Halifax, NS B3H 2A1
Residence Application

Medical Documentation Form

Please have this form completed by a medical professional who is NOT a family member, if you have indicated on your residence application that you are requesting a single room based on medical grounds. This information will be affixed to your residence application. *Please fax the completed form to (902) 423-3357 or mail to the above address.*

Our residences are currently not wheelchair accessible. Students requiring accessible should contact the Dean of Residence immediately to identify their need. We will do our best to assist students in exploring alternative avenues for accommodation.

NOTE: THIS FORM IS MANDATORY IF YOU ARE REQUESTING A SINGLE ROOM BASED ON MEDICAL GROUNDS. THE RESIDENCE OFFICE WILL VERIFY THAT THIS INFORMATION HAS BEEN APPROPRIATELY DOCUMENTED. THE STUDENT IS RESPONSIBLE FOR ANY COSTS ASSOCIATED WITH THIS FORM'S COMPLETION.

The University of King's College requests the following personal information for the purposes of determining whether the student requires single accommodations and will not use the information for other purposes or disclose the information to third parties without prior consent from the student or where required by law.

Student Information: (To be completed by the Student)

Last Name	First Name	Middle Name	D.O.B (D/M/YR)
()			
Student Number	M/F	Telephone (include area code)	E-mail address
Home/Mailing Address: _____			
Postal/Zip	Street	City/Town	Province /Country

Nature of need, challenge or requirement: (To be completed by the Medical Professional)

Name of Medical Professional: _____
 Address (City/Town): _____
 Contact E-mail or Phone: _____

Description of Challenge: Dietary Physical Psychological Allergy Other: _____

In the space below, please provide a brief description of this student's challenge and WHY it necessitates a single room. We do not request full disclosure of this student's medical information. We require only information that pertains to the student's challenge in order to best accommodate the student with respect to residence placement.

(If additional space is necessary please attach page(s); sign and date each additional page.)

 Signature of Medical Professional

 Date