



Medical Documentation Form For King's Residence

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 or other specific room type, or have other needs in residence based on medical grounds. This information will be affixed to your residence application. *Please scan and email the completed form to residence@ukings.ca.*

Students requiring accessible accommodations due to mobility should contact the Accessibility Officer and the Residence Team at michelle.mahoney@ukings.ca and residence@ukings.ca immediately to identify their need.

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	Gender	Telephone (include area code)	E-mail address
Home/Mailing Address:			
Street	City/Town	Province/Country	Postal/Zip

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 (or other residence-related need). 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