

## Medical Intake Form – Emotional Support Animal

### Section I: To Be Completed By Student

Name of Student \_\_\_\_\_

Name of Medical Professional \_\_\_\_\_

### Medical Records Release

I, \_\_\_\_\_, hereby request and authorize the above-named healthcare professional to release my personal and medical information related to the requested accommodation to the Student Affairs Office and/or University Health Services for Thomas Jefferson University. I also authorize the above-named professional to verbally discuss any limitations related to my ability to participate in academic programs or related programs and services with a representative from Student Affairs or University Health Services.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

### Section II: To Be Completed By Medical Professional

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Date of last office visit: \_\_\_\_\_

Level of severity (Please Circle): Mild      Moderate      Severe

A Disability is defined under the Americans with Disabilities Act as “a physical or mental impairment which substantially limits a major life activity.” Based on the above definition of disability, do you feel that this individual exhibits a substantial limitation in a major life activity (ies)? \_\_\_\_Yes \_\_\_\_No

Please list major life activities that are limited and linked to functional limitations. Form will be incomplete if functional limitations are not explained in full.

Major Life Activity Functional Limitation(s) :

Please provide a brief history of the student's medical condition that requires as ESA and indicate how long you have been treating the student for this condition.

How many days/months did the impairment limit major life activities during the past year? If less than 3 months, please be specific regarding the need for an ESA and indicate if other treatment plans were considered.

What is the specific need for the ESA to afford the student with an equal opportunity to use and enjoy University Housing? Please describe.

What is the relationship between the disability and the assistance the animal provides?

Explain the possible negative effects of the person not having the animal with him or her?

What specific type of ESA is recommended and why?

Please fill out the following information and sign below:

Name & Title \_\_\_\_\_

Area of Speciality \_\_\_\_\_

License # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to the address below or by email  
([jennifer.fogerty@jefferson.edu](mailto:jennifer.fogerty@jefferson.edu)).

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