



Medical Need Special Housing Request Instructions

You may request special housing if you have a qualified medical condition. Special housing requests are routed through Duke Student Health. Only completed requests are reviewed. A completed request consists of this form, a release, and letter from your health care provider. The medical provider (MD, DO, PA, and NP) cannot be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative). Also, recommendations and/or statements included in the medical documentation should not be interpreted as automatic approvals for special housing.

Deadlines for Special Housing Requests

June 11, 2007	For new and transfer students for Fall housing.
October 10, 2007	For Spring semester housing.
February 6, 2008	For returning students Fall housing.

Please note that you will receive notification of the status of your request within four weeks of submission of complete documentation. Requests submitted after the deadline may result in a delay or inability to grant request. You must complete and submit the "Medical Need Special Housing Release" form in addition to the information requested below.

Submit all forms to: Duke Student Health
Attn: Jean Hanson, RN, MPH, Administrative Director
Fax 919-681-2874

Forms may also be mailed to: Jean Hanson, RN, MPH
Administrative Director, Duke Student Health
DUMC Box 2899
Durham, NC 27710

FOR STUDENT:

In the space below, please detail your request and the reason(s) for it.

FOR HEALTHCARE PROVIDER:

The above student is requesting to be considered for special housing at Duke University. Your professional opinion will be used in the consideration of this request. Special housing is extremely limited and only those students with the greatest medical need(s) will receive special housing arrangements.

Please provide a letter detailing the following information:

- Patient's diagnosis and related ICD-9 code, along with current treatment (including medications, therapies, interventions),
- Statement as to the level of severity and the activities impacted by the patient's condition.
- Results of any significant physical findings,
- A description of how the patient's condition may impact him/her in a college residence hall,
- Requested special housing,
- How long the patient has been in your care and his/her last visit with you.

Please be sure to include the patient's name and DOB in the letter. Please forward the letter to:

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Durham, NC 27710
Or Fax To 919-681-2874

Please include your signature and typed description of your credentials, your address, phone number and the date of your letter.