



COMMONWEALTH UNIVERSITY OF PENNSYLVANIA

Emotional Support Animal Disability Verification Form

To consider the student's request for an Emotional Support Animal (ESA) based on a disability or chronic health condition, Disability Services requires documentation from the student's licensed clinical professional or health care provider who is thoroughly familiar with this student's condition and their functional limitations and/or restrictions. **All questions must be completed in full.**

TO BE COMPLETED BY THE STUDENT

Student Name: _____

Student ID Number: _____ Date of Birth: _____

Status: Current Student Transfer Student Prospective Student

If prospective, what semester and year are you beginning? _____

Phone Number with area code: _____

Email address: _____

Student Signature: _____

For your convenience, and to assist you in completing this medical questionnaire, please review the Additional Information and Definitions, attached at the end of this document. Except for the effects of ordinary eyeglasses and contact lenses, answers should reflect the impact of the symptoms without regard to the ameliorative effects of mitigating measures such as those listed in the Additional Information and Definitions.

TO BE COMPLETED BY PROVIDER

Information and Definitions, attached at the end of this document. Except for the effects of ordinary eyeglasses and contact lenses, answers should reflect the impact of the symptoms without regard to the ameliorative effects of mitigating measures such as those listed in the Additional Information and Definitions.

1. How long has the student been in treatment with the provider/clinical professional? Please provide what the diagnosis is and the initial date of the diagnosis, as well as the most recent treatment date.

2. Please provide the severity of this diagnosis/disorder.

Mild Moderate Severe
 Chronic Acute Episodic

3. Is there a secondary diagnosis? If yes, what?

4. Please state specifically the areas of the student's life that are significantly impacted or limited by the diagnosis. In other words, what exactly are the functional limitations of this diagnosis for this individual?

5. If the recommendation for the accommodation is an ESA, are there other acceptable modalities of treatment, aside from an ESA, that could be provided? If yes, what?
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6. Please provide the symptoms of the diagnosis experienced by the student. State specifically what symptoms the accommodation of an ESA will alleviate and how it will affect the student and the impacted areas of his/her life. Is there an identifiable nexus between the disability and the assistance the animal provides?
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7. If the accommodation is an ESA, does the student have a condition that would prevent them from adequately caring for the ESA? (e.g. Could an individual with Major Depressive Disorder care for a dog if they lack sufficient motivation to walk the dog or take it outside to relieve itself? Or care for a cat or other animal?)
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8. Does the requested accommodation remove the barrier caused by the diagnosis: YES NO

How so: _____

Healthcare Provider Please fill in all fields:

Provider Signature: _____ Date: _____

Provider Name (print): _____

Title: _____

License or Certification #: _____

Address: _____

Phone Number with area code: _____

Fax Number with area code: _____

Answers should reflect the impact of the symptoms when the patient's medical condition is in its active state without regard to the ameliorative effects of mitigating measures such as: medication; medical supplies; equipment or appliances; low-vision devices (devices that magnify, enhance or otherwise augment a visual image); prosthetics including limbs and devices; hearing aids and cochlear implants or other implantable hearing devices; mobility devices; oxygen therapy equipment and supplies; assistive technology; auxiliary aids or services (interpreters or other methods of making aurally delivered materials available to individuals with hearing impairments, qualified readers, taped texts, or other methods of making visually delivered materials available to individuals with visual impairments, acquisition or modification of equipment or devices); learned behavioral or adaptive neurological modifications.

***1. Physical or mental impairment** The Americans With Disabilities Act (ADA) defines a physical or mental impairment as (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine; or (2) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

***2. Substantially Limit** An impairment need not prevent or severely or significantly limit a major life activity to be considered substantially limiting. To have a disability an individual must be substantially limited in performing a major life activity as compared to most people in the general population.

***3. Major Life Activity** The phrase "major life activity" includes, but is not limited to, functions such as caring for oneself, performing manual tasks, sitting, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. Additionally, a "major life activity" also includes the operation of a major bodily function, including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.