

JERICHO UNION FREE SCHOOL DISTRICT
99 CEDAR SWAMP ROAD
JERICHO, NEW YORK 11753-1202
Medical Necessity Accommodation Request

Students Name: _____

Nature of Request: _____

- _____ Environmental
- _____ Transportation
- _____ Books or Educational Resources
- _____ Other

Diagnosis: _____

Severity: _____

Rational as to why the above condition necessitates accommodations:

Documentation of Condition (i.e., labs, consultations, allergy testing, etc.):
(Please attach)

History of Hospitalization(s): _____

Current Medication(s) Used:

Is the student able to participate in (both inside and outside) physical education?
___ **Yes** ___ **No**

Is the student able to be in hallways and other non-climate controlled school spaces?
___ **Yes** ___ **No**

I certify the medical necessity of the above request and would be available to discuss with the school Medical Director.

Name: _____

Signature: _____

Phone: _____

Physician Stamp:

