

IUB Housing Medical Verification Form (MVF) for Students Requesting Accommodations to the Housing Environment

This is for a housing accommodation. It is recommended this form is submitted when you complete your housing contract online.

- **For incoming students for Fall:** MVF and housing contract must be submitted before May 1 of that calendar year.
- **For incoming students for Spring:** MVF and housing contract must be submitted before December 1 of the prior calendar year.

Forms received after these dates may not be reviewed.

In order to evaluate how Indiana University Bloomington (IUB) can best meet your needs for special housing assignment requests, the University requires specific diagnostic information from a licensed clinical professional or health care provider. This professional/health care provider should be familiar with your history and functional limitations of your physical or psychological condition(s). You must complete section one of the form. This information and your signature is required so that the appropriate and qualified member of the IUB staff (Housing Operations and Assignments or Office of Student Life staff) has permission to speak with the professional/provider who completes the information in section two to discuss your condition or resulting determination. The professional/health care provider must fill out section two, sign, and return to you. You will then email the fully completed, PDF only, to housing@indiana.edu, also noted below.

The completed packet is submitted in PDF form to the Housing Operations and Assignments Office from the student's IU email account.

Failure to follow directions and complete both sections completely, will result in the form not being reviewed or result in significant delays. The form will be processed, and the recommendations of the medical provider, along with the availability of space that will meet the medical need will be considered.

Housing Operations and Assignments Office
801 N. Eagleson Ave, Room D101
Bloomington, IN 47405
housing@iu.edu

If academic or campus wide accommodations are required, contact Accessible Educational Services at 812-855-7578 or iubaes@iu.edu.
If dining or allergen accommodations, in residential dining locations are required, contact the IU Dining Nutrition staff at nutrinfo@indiana.edu.

SECTION ONE – Student fills out section below. Please print or type.

Student Name: Last: _____ First: _____

Student ID #: _____ IU Email: _____

Birth Date: _____ Gender: Male Female Another identity

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ I am a(n): Incoming First Year Student Transfer Student
Returning to IUB

I am requesting consideration for the following term: Fall 2024 Spring 2025 Summer 2025

Initial Each Statement and Sign: By my signature, I:

_____ acknowledge that my medical condition may impact or limit my housing options, including roommate and location on campus, so that housing can place me in an assignment that meets my needs. This medical request takes precedent over all other room preferences submitted in my housing application.

_____ understand that housing staff may find it necessary to consult with IUB Accessible Educational Services and/or the IU Health Center about my request and needs and authorize them to do so in considering my request.

_____ authorize IUB to receive information from the medical professional/provider below. I also authorize my provider to discuss my condition(s) with the appropriate and qualified IUB personnel on an as needed basis.

Student Signature: _____

Date: _____

SECTION TWO – Medical/Health Care Provider fills out and signs section below. Please print or type.

Student's Name: _____ DOB: _____

To determine special assignment consideration, Indiana University Bloomington (IUB) requires current and comprehensive documentation of the student's condition from a licensed clinical professional or health care provider familiar with the history and functional limitations of the student's condition(s). The provider completing this form cannot be a relative of the student. Items 1 thru 4 must be completed in full. If the space provided is not adequate, please attach a separate sheet of paper.

The provider may also attach a report providing additional related information to the student to provide to IU Housing.

Provider completes the sections below. Please respond to the following items in regards to the student named above.

1) Date of Initial Contact with Student: _____ Date of Last Office Visit with Student: _____

2) What is the student's medical condition/diagnosis (check all that apply)?

	Date of Diagnosis	Diagnosis and Description of Symptoms
<input type="checkbox"/> Environmental Allergies		
<input type="checkbox"/> Vision Impairment		
<input type="checkbox"/> Hearing Impairment		
<input type="checkbox"/> Asthma		
<input type="checkbox"/> Significant Mental Health Concerns		
<input type="checkbox"/> Mobility Limitation		
<input type="checkbox"/> Other (specify)		

3) State the specific medical recommendations which effects the student's daily living conditions. Include a rationale as to why these housing needs are warranted based upon the student's medical condition.

4) Describe the current treatments, therapy plans, and any adaptive appliances or equipment used on a regular basis.

****The provider completing this form cannot be a relative of the student.****

Name: _____ Date: _____

Signature of Provider: _____ Address: _____

License Number: _____ City, State: _____

Phone: _____ Zip code: _____