

WESTERN ILLINOIS UNIVERSITY  
**REQUEST FOR A MEDICAL HOUSING EXEMPTION**  
**ATTENDING PHYSICIAN'S STATEMENT**

Western Illinois University requires that all students live in the university residence halls or apartments until they have earned 60 credits. All exemptions to the policy must be approved in advance by submitting a petition form to University Housing and Dining Services. Students not in compliance with the residency policy will be restricted from registering for classes and may be subject to the appropriate financial charges for the period they were not in compliance with the policy.

If you are requesting an exemption from the university's residency requirement for medical reasons, please complete your portion of this form and then forward it to your physician for completion. This information will be reviewed by the Director of Residential Administration and Director of University Counseling Center or Director of Beu Health Center at Western Illinois University, whichever is applicable. The Director of Residential Administration will respond after a review of your petition is complete.

Please complete this form as soon as possible. Any delay in submitting this information will delay a decision on your appeal for exemption.

**PART 1: FOR THE STUDENT TO COMPLETE (Please print or type)**

Student's Name: \_\_\_\_\_ WIU ID: \_\_\_\_\_

Campus address: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Street/City/State/ZIP

**Attending Physician Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street/City/State/ZIP

Briefly describe your medical condition and how your condition **will be** or **has been affected** by your stay in University housing. (Please attach additional information if needed)

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I hereby authorize my attending physician to discuss all pertinent information; which may include conditions concerning my mental health, HIV/AIDS or drug and/or alcohol abuse status with the Director of Beu Health Center and/or the Director of the University Counseling Center at Western Illinois University. I also authorize the Director of the Beu Health Center and/or the Director of University Counseling Center to discuss the above information with the Director of Residential Administration at Western Illinois University for the purpose of ascertaining appropriate housing. This authorization means that:

- I have the right to inspect and receive copies of written information to be disclosed.
- The information disclosed as a result of this consent cannot be re-disclosed by the receiving agency/facility/person to anyone not permitted by this release, unless I specifically authorize it.
- I understand that if I refuse to consent to this disclosure of information my appeal will be incomplete.
- This consent is valid until \_\_\_\_\_ (specify calendar date) or while enrolled.
- I can revoke this consent at any time by submitting a written revocation to the appropriate person. Revoking this consent will not affect disclosures made before such revocation.
- My signature indicates the statements/documentation I have provided are true and accurate. I acknowledge that providing false information is a violation of the Student Conduct Code for which disciplinary action may result.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART 2: THIS SECTION MUST BE COMPLETED BY THE ATTENDING PHYSICIAN (Please print or type):**  
**The Western Illinois University student shown on the reverse has requested a medical exemption from his or her University housing commitment, and must provide the following information from the attending physician providing current treatment. The Director of the Beu Health Center and/or the Director of the University Counseling Center of Western Illinois University will review the information you provide, and may contact you for additional information or clarification in order to assess the student's need for a housing adjustment.**

Western Illinois University offers a wide range of housing options for students. All residence halls are air conditioned and all are smoke-free. Several of the residence halls are ADA compliant. All public areas of our residence halls are cleaned with HEPA vacuums everyday and all lavatories are cleaned and disinfected daily. Twice yearly, air filters in student rooms are cleaned/replaced. **Therefore, it has been determined that allergies generally are not a legitimate reason to be excused from the residence halls.**

**Briefly describe the student's medical condition and physical limitations. Please provide detailed information explaining what accommodations are medically necessary for this student. If such cannot be made in a University housing facility, please explain. Attach additional documentation if necessary.**

If the student has a respiratory condition, can it be accommodated by providing an air purifier or humidifier? \_\_\_\_\_

Is this condition:  Permanent       Temporary: Anticipated length: \_\_\_\_\_

How long have you been treating the student for this condition? \_\_\_\_\_

**Other health concerns**, including any other special accommodation required: \_\_\_\_\_

**I certify that the above information is correct and that my patient meets the criteria for special housing or release from the University housing contract as indicated above.**

**Physician's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Name (please print or stamp)** \_\_\_\_\_

For questions about housing accommodations, please contact:  
Mr. Jack Schoonover, Director of Residential Administration  
Western Illinois University  
309/298-3320  
309/298-2122 (Fax)

This completed form should be returned by the student or the physician to:

Mr. Jack Schoonover  
Director of Residential Administration  
Western Illinois University  
1 University Circle  
Macomb, IL 61455