

**JERICHO UNION FREE SCHOOL DISTRICT**

99 CEDAR SWAMP ROAD  
JERICHO, NEW YORK 11753-1202  
516-203-3600 extension: 3254

**Students Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**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:**