INSTITUTE OF WENTWORTH TECHNOLOGY
FOUNDED 1904

www.wit.edu/counseling

Wentworth Institute of Technology Assistance Animal Medical Documentation Form

CENTER FOR WELLNESS

550 Huntington Ave
Boston MA 02115
phone: (617) 989 – 4390
fax: (617) 989 – 4571

Student Last Name: _____
Student First Name: _____
Student W#: _____

DIAGNOSIS

Primary diagnosis:_____

Date of establishment: _____ Date of last evaluation/contact:_____

Frequency of student contact/visits:_____

Describe student's current medical condition and present symptoms:

_____
_____
_____
_____
_____
_____
_____
_____

The Americans with Disabilities Act Amendments Act of 2008 defines a person with a disability as having a physical or mental impairment that substantially limits one or more major life activity. Is the individual requesting an assistance animal a qualified person with a disability per this definition? Yes ☐ No ☐

- If NO: There is no need to continue further with this form
- If YES: Please continue with the form

FUNCTIONAL IMPACT

Which major life activities are *substantially* limited because of the disability? Provide details about the impact of the disability on the student's functioning in a post-secondary residential environment.

_____
_____
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_____
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_____

Are there alternative accommodations that would mitigate the impact of the disability in the post-secondary residential environment? Yes ☐ No ☐

- If No, please indicate why not
- If Yes, please describe the treatments and their effectiveness

Do you believe that this individual specifically requires, as a direct result of their disability, the use of this assistance animal to have an equal opportunity to use and enjoy the post-secondary residential environment? Yes ☐ No ☐

- If No: There is no need to continue further with this form.
- If Yes: Please continue with the form

ASSESSMENT

Please provide specific examples of how the assistance animal is medically necessary to alleviate one or more of the identified symptoms.

Have you discussed the responsibilities associated with being solely responsible for the proper care and control of an assistance animal while engaged in typical college activities and residing in campus housing?

OTHER COMMENTS:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

EVALUATOR: _____
Name Title License Number

ADDRESS: _____
Street Name and Number

_____
City State ZIP Code

PHONE NUMBER: _____ **FAX NUMBER:** _____

SIGNATURE: _____ **DATE:** _____
PLEASE PRINT AND HAND SIGN DOCUMENT