



ADMIN 122 APPENDIX A SERVICE ANIMAL REQUEST FOR MEDICAL ACCOMMODATION FOR STUDENTS

Name:	
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Section 1: Consent for the Purpose of Verification of Service Animal

This section must be completed by the individual requesting accommodation. The applicant may also withdraw consent pertaining to any of the below at any time. If an individual withdraws consent, it may forfeit access to the requested accommodations.

Authorization to the Regulated Health Professional to Complete this Form

By completing and signing this form, I authorize my attending Regulated Health Professional (RHP) named in this form to complete the Request for Medical Accommodation and disclose information concerning myself to Health and Equitable Learning at Loyalist College. This information provided is for the purpose of determining my need for any accommodations pertaining to a service animal.

Contact with my Regulated Health Professional

By signing below, I give consent for Loyalist College to contact the health care professional who completed this form to discuss information provided in this document, if necessary, to clarify information or to seek answers to questions related to my application.

Student Signature: _____ Date: _____

Applicant's informed authorization for disclosure of information is obtained in accordance with the following sections of the *Freedom of Information and Protection of Privacy Act*: Sections 41. (1)(a), 41. (1)(b), and 41. (1)(c) allowing for the use of personal information and sections 42. (1)(b), s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.

Section 2: Service Animal Medical Accommodation Recommendation

This section must be completed by the attending Regulated Health Professional. Regulated Health Professional "RHP" is as defined under the *Accessibility for Ontarians with Disabilities Act (AODA)* and *ADMIN 122 Animals Present at a College Location*.

Loyalist College requires verification of the need for a service animal by a regulated health professional, who has in-depth knowledge of the individual's condition and can prescribe a service animal. All documentation of the individual's disability is kept strictly confidential and will not be released without written consent.

1. Is this person a patient you have assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. According to your diagnosis, does the patient require the use of a service animal as an accommodation in the learning/working environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What is the anticipated duration of the recommended accommodation for this individual?	

<input type="checkbox"/> Long-term/Permanent <input type="checkbox"/> Short-term/Temporary	
4. If temporary, please specify the estimated duration of the accommodation:	<input checked="" type="checkbox"/> [e.g., months, weeks]
5. What activities does the individual have difficulty or is unable to perform without the use of their service animal?	
6. What functions does the service animal provide?	
7. Is this recommendation consistent with your scope of practice as defined by your profession's regulatory college (i.e., connected to a diagnosis or area of treatment you are legally permitted to offer in Ontario?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you reviewed with the patient of any potential risks that might be associated with bringing the animal into various public spaces? Examples may include loud or crowded environments; encountering people who are afraid of the animal; situations where the animal draws unwanted attention; times when the animal behaves inappropriately; management of the animal in emergencies or inclement weather; management of situations when the animal (or its welfare) is inconvenient, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the patient adequately equipped emotionally, psychologically and socially to manage the behavior of the animal and any reasonably foreseeable responses from the public to the animal's behavior/presence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. What are the identifying details of the animal? (e.g., name, species, breed, age)	
11. Is there anything else we need to know?	

I have answered all the questions in this document based on my clinical assessment. I certify with my signature below that, in my professional opinion, the individual named in Section 1 requires a service animal to support functional limitations of a condition while attending Loyalist College.

Signature: _____ Date: _____

Full Name: _____

Regulatory College: _____

Registration Number: _____ Telephone Number: _____

Email Address: _____

Office Stamp: