



## MEDICAL ASSESSOR FORM (ACCESSIBLE HOUSING)

### TO BE FILLED OUT BY THE STUDENT

Name of Student:

Student Number:

Date of Birth:

Statement of Understanding and Consent:

I acknowledge that in providing this form to my medical assessor \_\_\_\_\_, I am consenting to them providing my medical information in support of my application for Accessible Housing based on disability. I understand that in submitting this information, it will be reviewed by the staff of the Centre for Accessibility and the Accessible Housing Committee for the sole purpose of considering my application and will otherwise be kept confidential from the rest of the University. I understand that if I request non-housing related accommodation, I may be required to submit more information to the Centre for Accessibility.

Signature of Student:

Date:

### TO BE FILLED OUT BY THE MEDICAL ASSESSOR

1. How long has this student been a patient in your care?

2. In your opinion does this student have a condition that meets the definition of a person with a disability as set out by UBC Policy LR7 as a person who

- has a significant and persistent mobility, sensory, learning, or other physical or mental health impairment;
- experiences functional restrictions or limitations of their ability to perform the range of life's activities; and

- may experience attitudinal and/or environmental barriers that hamper their full and self-directed participation in University activities?

(While a diagnosis can be a valuable source of information in evaluating accommodation, it is not necessary to disclose a diagnosis to be considered.)

3. Please describe the primary functional limitations of the student's disability or permanent/chronic medical condition while on medication and/or fully participating in the recommended treatment. Please also indicate the severity and likely duration of those limitations.

Functional Limitation:	Mild:	Moderate:	Severe:
Comments:	Prognosis:		

Functional Limitation:	Mild:	Moderate:	Severe:
Comments:	Prognosis:		

Functional Limitation:	Mild:	Moderate:	Severe:
Comments:	Prognosis:		

4. Please answer relevant parts of the question below:

A) Please explain how these limitations create a disability-related need that **prevents or significantly limits** the student from securing off-campus housing (please note, financial considerations are not part of our assessment).

B) Please explain how these limitations create a disability-related need that corresponds to the type of housing or the housing characteristics the student has requested (e.g., single occupancy, private washroom, etc.)?

5. What other treatments or strategies has the student employed to mitigate or regulate the impact of these limitations?

6. On-campus housing is a communal living experience and students have limited choice regarding room type and location. In many instances, living in residence includes communal dining, living near busy spaces with little noise control, and requires respectful cooperative living with others.

In your opinion, would this environment risk exacerbating the functional impacts of the student's disability or chronic health condition and make off-campus housing more appropriate for the student?

7. Do the student's functional limitations pose significant mobility or other disability-related challenges to using accessible public transit?

8. Does the student have a disability-related need to access their housing unit urgently during an academic day? Please explain.

9. Does the student have a disability-related need for any of the following?

Private washroom

Connected single room (washroom shared with one other person)

Sole occupancy (i.e., studio or one-bedroom unit)

Room transfer

Wheelchair accessible unit

Other:

*If so, please explain.*

10. Is there any other disability-related matter that should be considered?

Signature of Healthcare Professional:

Date:

Healthcare Professional's name (printed):

Healthcare Professional's Designation/ Title:

Address:

Phone #: