

**Medical Request for Special Housing Consideration
at Georgetown University
Summer 2008**

Student to complete:

Name: _____ Email address: _____

Address: _____

Type of housing requested: _____

Reason for request: _____

Health care provider to complete (Please attach documentation as necessary.):

Note that information provided should be in enough detail to allow the Office of Housing and Conference Services and/or a university physician to make a judgment of the need for this request.

1. Please indicate your specialty: _____

2. What is the patient=s condition and what special housing considerations do you recommend?

3. How long have you treated this patient for this condition? _____

4. What current medications or treatments, if any, are being prescribed for this condition?

5. In your estimation, would there be any detrimental effect on this patient=s health if the university was unable to grant this special housing request? If yes, please explain.

Health care provider=s name (please print) _____

Signature: _____

Phone number: _____ Date: _____

Please return to: Georgetown University, Office of Summer and Conference Housing Box # 571117,
100 Harbin Hall, Washington, DC 20057-1117. Phone # 202-687-3001 and FAX 202-687-4590

Thank you for your time and cooperation.