



Student must give this form to their mental health provider to fill out as part of the approval process.

## PHYSICIAN FORM for ESA (Emotional Support Animal)

Please print. This form must be completed by an **appropriate health professional\***, who should not be a relative of the student.

Student Name: \_\_\_\_\_

1. Diagnosis:


2. What major life activity (e.g., walking, seeing, hearing, breathing, self-care) does the condition substantially limit?


3. Describe the current impact of the condition (including negative mental health impact that may occur if the request is not granted):


4. Original date of diagnosis:

\_\_\_\_\_

By: \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Degree/Specialty \_\_\_\_\_

5. Diagnostic criteria/tests used:


6. Date of most recent evaluation:

\_\_\_\_\_



10. This student is requesting approval for use of an emotional support animal in the student's University housing as a reasonable accommodation for a qualifying mental health condition. If you believe that such use is necessary to enable the student to live on campus, please explain: the basis of your opinion, why you feel that the animal is necessary, and why other accommodations would be insufficient to allow this student to live on campus.


(OPTIONAL) Additional comments:


As the office of Student Accessibility goes through the approval process, additional information may be needed from you. You will be notified, if further information is required.

Name of Professional (Please print):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**In addition to this form, please include, **On Professional Letterhead\*\***, the date of the most recent office visit of the student, your professional credentials, and your signature.**

**Please return to Student Accessibility, by mail:**

Office of Student Accessibility  
University of Mount Olive  
654 Henderson Street  
Mount Olive, NC 28365

**Or by fax:**

(919) 658-7674

**Or Scan and Email to:**

studentaccessibility@umo.edu