



Health Care Professional Form

Requester's Name: _____ Student ID: _____

Permanent Address: _____

City: _____ State: _____ Country: _____

Telephone: _____ Email: _____

I, _____ (Requester's Name), intend to request that Iowa Central Community College permit me to keep an assistance animal as a reasonable accommodation in housing for my disability. In connection with that application, I am requesting that you (my health care professional) complete this form regarding my disability.

Requester's Signature

Date

To Be Completed by Health Care Professional

Part I: To satisfy Iowa Code sections 216.8B and 216.8C, you must meet the following criteria to qualify:

- 1. Have you recently met with the requester in person or by telemedicine? Yes No
- 2. Are you familiar with the requester and the requester's disability? Yes No
- 3. Are you legally and professionally qualified to make the finding in your state? Yes No

Part II: Statement of Findings

- 1. Does the individual identified above have a disability? Yes No
- 2. If yes, is the need for an assistance animal related to that disability? Yes No
For example, does or would an assistance animal alleviate one or more of the symptoms or effects of the disability?

Health Care Provider's Name: _____

Title: _____ License: _____ State: _____

Signature: _____ Date: _____