Dear Provider,

Your patient/client ____________________________________________________, has requested an accommodation for a full-sized bed at Wesleyan University. Individuals requesting a full-sized bed must provide recent documentation that verifies the medical necessity of a larger bed than the one traditionally provided. You have been asked to complete this form as documentation for your client.

As the provider completing this form, you should:

- Have knowledge of the student’s current level of functioning
- Complete the following page as thoroughly as possible; inadequate information or incomplete answers may delay the eligibility review process.
- Submit this form and any supplemental documentation via email to Dr. Thomas McLarney, Medical Director, Davison Health Center at tmclarney@wesleyan.edu.
Student First Name: ____________________________________________________________

Student Last Name: ____________________________________________________________

D.O.B: __________________________ Date of last visit: ____________________________

Diagnosis and severity of impact:

Indicate impact of client’s condition on each of the following major life activities:

<table>
<thead>
<tr>
<th>Life Activity</th>
<th>Mild</th>
<th>Moderate</th>
<th>Substantial</th>
<th>Unknown</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping</td>
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<tr>
<td>Sitting</td>
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<tr>
<td>Standing</td>
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<tr>
<td>Walking</td>
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<tr>
<td>Lifting/Bending</td>
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<tr>
<td>Other:</td>
<td></td>
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</tr>
</tbody>
</table>

Is a full-sized bed medically necessary? If so, please explain why.

Additional treatments tried:

Duration of impairment:

☐ Permanent        ☐ Temporary: provide expected duration or re-evaluation date: __________

Provider Name (Print): __________________________________________________________

Title: ___________________________ License/Certification #: ______________________

Address: _____________________________________________________________________

Phone: __________________________  Fax Number: ________________________________

Email Address: __________________________

Signature: __________________________ Date: __________________

(Verifying that you are not related to the student by blood or marriage)