

**2021-2022**

**QUEEN'S UNIVERSITY RESIDENCE HEALTH ACCOMMODATION FORM**

Queen's Residences is committed to accommodating students with disabilities in accordance with the *Ontario Human Rights Code*.

The accommodation process under the *Code* is intended to remove identified barriers, so students with disabilities have the same access as other students to participate in residence life with dignity and independence. The accommodation process is not intended to address transition-related stress, generally faced by many students moving into more independent living situations.

This form will be used for Residence placement only. If you also require academic accommodations, you must contact Queen's Student Accessibility Services (QSAS) for assistance.

This form does not replace the Residence application. Students must still apply and make residence deposits by the required deadline for their accommodation request to be considered.

When forms are received, the Residence Admissions office will contact you confirming that your accommodation has been approved or that we require further information to complete our assessment.

The information on this form will be used for the room assignment process and is kept strictly confidential, unless consultation or notification is required with Queen's Student Accessibility Services and/or Campus Security & Emergency Services.

The form is divided into the following categories

- I. Anaphylaxis and Food Allergies
- II. Carpet free room
- III. First floor or with elevator access
- IV. Single room
- V. Washroom accommodations
- VI. Living in Proximity to a Service Animal
- VII. Mobility (location to classes)



## Completing this Form:

Step 1 – Student completes Section A.

Step 2 - Health Care Provider completes Section B and Section C.

Step 3 – Health Care Provider must submit the form directly from their office using one of the following methods:

1. Fillable PDF
2. Scan and email – [reshouse@queensu.ca](mailto:reshouse@queensu.ca) (please password protect the document and send the password in a separate email)
3. Fax – 613-533-2919
4. If the Health Care Provider is unable to submit the form using one of the above methods, or the student is not comfortable with either of the above options for submission, the form may be provided to the student in a sealed envelope with the Health Care Provider's stamp over the seal

DEADLINE: This form must be returned to the Residence Admissions Office by the same deadline as your application and deposit (**June 8<sup>th</sup>**) to be considered during the room assignment process. While we will consider late submissions, we may be limited in what accommodations we can provide after the deadline.

Personal information is collected under the authority of the Queen's University Royal Charter, 1841, as amended, and will be used for residence room placement purposes. Questions regarding the collection or use of this personal information should be directed to Lindsay Stoness Residence Admissions Manager, 613-533-6000 ext. 77923 or [lh116@queensu.ca](mailto:lh116@queensu.ca).

**SECTION A: To be completed by Student**



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

8 digit student ID number: \_\_\_\_\_

Email:

(Your Queen's email address is preferable; if you have not received it at the time of submission, please provide an alternate email)

**Student Type:**

First year student  Upper Year student  Exchange student  ResSoc

**Consent to release of information**

I \_\_\_\_\_ (your name) authorize:

My regulated health care provider to complete Sections B and C of this form and submit to the Queen's Residence Admissions office for the purpose of my residence room placement.

The Residence Admissions office to contact my health care provider if further clarification is required to assess my accommodation needs.

My health care provider to disclose my diagnosis or specific health condition on this form (please note that disclosure of a diagnosis is optional and **is not necessary** to receive accommodations in residence). Some students choose to provide a diagnosis as they believe it would be helpful in the case of an emergency or because they would like the residence team to know more about their health condition.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



**SECTION B: CONFIRMATION OF DISABILITY and FUNCTIONAL LIMITATIONS**  
**(To be completed by a Regulated Health Care Provider)**

Dear Health Care Provider

We will be relying on your detailed knowledge of the student's disability or health condition and resulting functional limitations to determine accommodations for this student in the residence setting. Please note student preferences that are not related to the disability or health condition are outside the scope of this form.

I confirm that this student has a disability and/or diagnosed health condition resulting in functional limitations that will affect their living situation in a residence environment.

**This confirmation of disability is based on: (choose one)**

I am the health care provider who diagnosed and is currently treating/managing this disability or health condition

I have reviewed documentation from a health care provider qualified to determine the disability or health condition.

I have no history with this student and am relying on the student's self-report

Date of diagnosis or determination of disability or health condition: \_\_\_\_\_

Date of most recent assessment of functional impairments: \_\_\_\_\_

**Disclosure of Diagnosis**

Disclosure of a specific health diagnosis is **not required** to receive accommodation in residence; however, should the student choose to disclose this information, please note that all medical information is kept strictly confidential and is used only for residence placement. In some cases, we may share the information with the Queen's Student Accessibility Services office for professional advising on an individual case or with Queen's Campus Security and Emergency Services in cases where a student may need help in the event of a building evacuation. The forms are handled and destroyed in accordance with Queen's University student confidentiality standards and FIPPA.

I have the student's consent to provide the diagnosis. The diagnosis is:

\_\_\_\_\_

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



## Required Accommodation and Functional Limitation Impact

Below are the ways in which we are able to accommodate in residence. Please check all that medically apply to the student's disability or health condition.

Please note: when checking a required accommodation, it is mandatory to complete the functional limitation impact box (if provided) for this form to be accepted.

### PLEASE PRINT LEGIBLY

#### I. Anaphylaxis and Food allergies

This section **only** can be filled out by you and not your Health Care Provider.

We are dedicated to supporting students with food related allergies, sensitivities and special dietary needs. If you check the box below, you will receive follow up with further information regarding how we can support you to ensure a safe meal plan experience.

- I have a disability or health condition and will require assistance with the meal plan
- I have an anaphylactic allergy related to food and will require assistance with the meal plan
- I have an anaphylactic allergy that is non-food related

If you are also asking for a single room accommodation related to your anaphylaxis, your Health Care provider must fill out section IV.

#### II. Carpet Free Room

Please note that although we have carpet free rooms, there still may be carpet in common areas of the building. Queen's staff clean the common areas but students are responsible for the cleanliness of their rooms and are provided vacuums with Hepa filters to do so. Knowing that some dust is unavoidable, please fill out if you feel the current measures in place still warrant the need for a carpet free room.

Please describe the allergens and the impact to the student's health.

What strategies is the student currently using to address this issue?

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



**III.  Room on a first floor or with elevator access**

Please check to indicate that the disability or health condition is such that:

Use of stairs would be a risk to student's health/safety or recovery

Is this condition  temporary OR  no improvement is expected

If temporary, please provide the expected date of recovery \_\_\_\_\_

**IV.  Student requires a single room – please check all boxes that apply:**

- Brain Injury (concussion, stroke, etc.)
- Chronic Medical Condition (epilepsy, diabetes, chronic pain, autoimmune, migraines, etc.)
- Sleep Disorder (sleep apnea, sleep walking, sleep talking, severe snoring, night terrors, insomnia, etc.)
- Neurodevelopmental Disorder (ADHD, Autism, Tourette's, tics, etc.)
- Allergies  Food anaphylaxis  Scent  Other \_\_\_\_\_
- Injury \_\_\_\_\_
- Mental Health Disability (mood/anxiety disorder, bipolar affective disorder, PTSD, etc.)
- Mobility related Disability or Injury (paraplegia, muscular dystrophy, cerebral palsy, injury necessitating the use of crutches or wheelchair, etc.)

If this box is checked does the student also require:

Accessible building (with door paddles)  Accessible washroom

Assistance in the event of an emergency evacuation

Sensory Disability (hearing impairment, visual impairment, etc.)

If this box is checked does the student also require:

Visual fire alarm  Bed shaker attached to the visual fire alarm

Assistance in the event of an emergency evacuation  Learning Disability or specific

Learning Disorder (if this box is checked, please fill out the section below

Please explain how the functional limitations of the Learning Disability/Disorder require accommodation *in a single room*.

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



Other type of health condition (complete below) \_\_\_\_\_

Please indicate the impact that sharing a room would have on their living context:

**V.  Washroom accommodation**

We have multiple buildings with a variety of washroom configurations. Most have shared washrooms amongst all of the students on a floor, where multiple students may be using the washroom at a given time. These shared washrooms contain multiple single stall toilets and showers. We have a limited number of the following other washroom configurations:

- Private washrooms (washrooms within the bedroom space for exclusive use)
- Private single-use washrooms (private washrooms, not attached to the bedroom that are shared amongst all students on the floor, with only one student using them at a time).
- Semi-private washrooms (the washroom is located between 2 single rooms and is shared between only those 2 students)

The student is unable to use a shared washroom and needs:

Check all that apply       private     private-single use     semi-private

If checked, what is the impact or functional limitation (not the diagnosis or symptoms) associated with the health condition of the student having to use a shared washroom?

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



## VI. Living in Proximity to a Service Animal

Queen's supports the Accessibility for Ontarians with Disabilities Act (AODA) in regard to Service Animals. If the student requires a Service Animal, they must obtain separate documentation from the Queen's Student Accessibility Services for approval.

If the student has a diagnosed health condition (e.g. phobia or allergy) that would be impacted by living in proximity to a Service Animal in the residence environment, please choose one of the following:

- This student cannot live on the same floor as a Service Animal
- This student cannot live in the same building as a Service Animal

If you checked either box above, please identify the species of animal(s) with which the student must avoid contact:

## VII. Mobility (location to classes)

Note: This section is not applicable if a Mobility related Disability or Injury has been identified in sections III or IV.

Our campus is roughly 3 kilometres across. It is estimated that this distance could be walked in 20-25 minutes; there is a public bus service from our residence on the west campus to the main campus area. If the bus is taken, from disembarking at the primary main campus stop, most buildings are then accessible within a 10-15 minute walk. If the walking distances identified would provide a barrier to the student's mobility in relation to their disability or medical condition, please check the applicable box.

- The student is able to walk one kilometre or more without undue impact
- The student is able to walk less than one kilometre **(if checked, fill out mandatory bus question on next page)**

If the student is limited to walking one kilometre or less, please provide the specific impact or functional limitation associated with the health condition if the student walks more than 15 minutes:





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

**\*Mandatory if student can walk one kilometre or less**

If the student is only able to walk one kilometre or less, would they be able to use a bus without it affecting their health condition?  Yes  No

If you checked no, please explain why the student is unable to use a bus to commute in relation to their disability or health condition:

**SECTION C: Regulated Health Care Provider Information**

Health Care Provider's Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Licence/Registration Number: \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE STAMP OF FACILITY NAME AND ADDRESS**

**\*If you do not have an office stamp, please sign and attach your letterhead to this form**

[Empty box for office stamp or letterhead]

- Physician – Family
- Physician – Specialty: \_\_\_\_\_
- Other Regulated Health Care Provider: \_\_\_\_\_

Thank you for your assistance. We ask that this form be submitted directly from the Health Care provider using one of the methods on page 2.

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