



EAST TENNESSEE STATE
UNIVERSITY

HEALTH CARE PROVIDER DOCUMENTATION FORM
FOR EAST TENNESSEE STATE UNIVERSITY EMOTIONAL SUPPORT ANIMAL REQUESTS

Dear Health Care Provider,

All East Tennessee State University residence halls are pet-free buildings. In accordance with HUD/FHA regulations, however, exceptions are made for Emotional Support Animals (ESA). ESAs are approved on a case-by-case basis. To be eligible for an ESA, the student resident must provide documentation of: a qualifying disability, the identifiable relationship or nexus between disability limitations and the assistance the animal provides and the necessity of the animal’s presence of an equal opportunity to use and enjoy the dwelling.

This form is to be used by you, the student’s mental health care professional, to document the need for an ESA. We will accept documentation from health care professionals in the state of Tennessee or the student’s home state.

If you have any questions about the accommodation process, you may contact Disability Services at 423-439-8346.

THIS FORM IS TO BE COMPLETED BY THE MENTAL HEALTH CARE PROVIDER AND RETURNED DIRECTLY TO DISABILITY SERVICES:

Disability Services, East Tennessee State University, P.O. Box 70605, Johnson City TN 37614 / Fax: 423-439-8489

Student’s name: _____ DOB: _____
Provider’s name: _____ Identification number: _____
Providers address: _____
Proposed ESA – Name: _____
Type of animal: _____ Age of Animal: _____

A person with a disability is defined under the Americans with Disabilities Act as a person with a physical or mental impairment that substantially limits one or more major life activities; a record of such impairment; or being regarded as having an impairment. Examples of major life activities include but are not limited to caring for oneself, seeing, hearing, eating, sleeping, walking, speaking, breathing, communicating, and the operation of major bodily functions including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Based on the above definition, does this individual have a disability? YES _____ NO _____

If yes, please state the student’s disability or impairment:

Describe how the student is currently and substantially limited in the University housing environment by the disability in the absence of the animal:



EAST TENNESSEE STATE
UNIVERSITY

Date of diagnosis: _____

Date first seen: _____

Date of last visit: _____

Frequency of visits: _____

Describe how the ESA will mediate the symptoms and functional limitations of this student's disability:

Describe any disability related consequences that would result for this student if this accommodation were not approved:

In your professional opinion, is the ESA necessary for the student to have the same opportunity that a student without a disability would have to enjoy campus housing? YES _____ NO _____

Is there another/different accommodation that could be provided in campus housing to meet this student's needs? If so, please describe:

Have you discussed the responsibilities associated with proper care of an animal while engaged in typical college activities and residing in campus housing? _____

Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Do you believe this student is able to provide adequate care to the ESA and attend to its basic needs?

Please use this additional space to provide any other information you believe will be helpful to us in assessing this request:

Disability Services



EAST TENNESSEE STATE
UNIVERSITY



Attach business card here

Thank you for taking the time to complete this form.

I understand the information on this form will become part of the student record subject to the federal Family Education Rights and the Privacy Act of 1974, and may be released to the student at their written request.

Health Care Professional's signature:

Signature: _____

License #: _____

Date: _____

(Modified 10/13/2022)
Effective October 13,2022

Disability Services

PO Box 70605 Johnson City, TN 37614 | P 423-439-8346 | F 423-439-8489 | www.etsu.edu/students/ds/