Due to safety restrictions and electrical load limitations, a limited amount of air conditioners will be approved based on physician documentation of medical necessity. Students requiring an air conditioner must submit an air conditioner request form that has been completed, signed and stamped by their attending physician. This documentation must be submitted each academic year. Approval of an air conditioner in the past does not guarantee the continued use of an air conditioner.

The student will provide their own air conditioner, not to exceed 5200 BTU’s, complete with side curtains and appropriate angle stops to facilitate installation. Window modifications are not allowed.

The student may install their own air conditioner. To ensure the unit is secure in the window, the student should submit a request via email to fixmyroom@loras.edu for the maintenance department to check the air conditioner.

The maintenance department will install the air conditioner for the student, if requested. The student should submit a request via email to fixmyroom@loras.edu for the maintenance department to install the air conditioner.

The Required Health Information Form and vaccine record (an official signed and stamped record showing proof of receiving 2 MMR immunizations on or after their first birthday and at least 30 days apart OR laboratory evidence of immunity (Rubeola and Rubella titers and Mumps IgG immune status) must be on file in the Health Center before the air conditioner request can be approved.

Air conditioners must be removed by October 30 unless the physician authorizes a request for an extension. Please contact the Health Center for approval if the air conditioner is needed during the spring semester.

Students must submit the completed air conditioner request form by July 31 to:
Loras College Health Center
1450 Alta Vista
Dubuque, IA 52001
Phone: (563) 588-7142
Fax: (563) 588-7659
Email: tammy.marti@loras.edu

The Loras College Health Center will notify the student via email if their request has been approved or denied.
Air Conditioner Application in Loras College Student Housing
To be Completed by the Attending Physician

Student Name: ______________________ Birthday: ________ Residence Hall: ________ Room #: ________

1. Semester requesting to use an air conditioner: ___________________________ Sport: ______________________
2. How long has this student been under your care: __________________________
3. Type of Allergy or significant medical condition: __________________________

________________________________________________________________________

4. Symptoms: ____________________________________________________________

________________________________________________________________________

5. Prescription medication taken to manage symptoms: _________________________

________________________________________________________________________

6. Over-the-counter medication taken to manage symptoms: ____________________

________________________________________________________________________

7. Is the student receiving allergy shots: _________________________________

8. Are symptoms: ☐ Continuous ☐ Intermittent ☐ Seasonal
9. Severity of symptoms: ☐ Mild ☐ Moderate ☐ Significant
10. To manage the students’ allergies, is the use of an air conditioner:

    Desirable: ☐ Yes ☐ No

    Essential: ☐ Yes ☐ No

11. To manage other medical conditions the student may have, is the use of an air conditioner:

    Desirable: ☐ Yes ☐ No

    Essential: ☐ Yes ☐ No

SIGNATURE, DATE AND OFFICE STAMP ARE REQUIRED FROM THE PHYSICIAN

________________________________________________
Signature          Date          Office Stamp: