

OBERLIN

COLLEGE & CONSERVATORY

Office for Disability & Access

Table A: Please complete the information below for **each specific allergy** (please also answer the questions on the following page that reference the allergen listed in this table)

TABLE A: PLEASE COMPLETE THIS TABLE FOR EACH SPECIFIC ALLERGY			
Allergen & Diagnosis Information	The following exposure triggers an allergic reaction	The allergy causes the following reaction(s)	Procedures/assessments used to diagnose the student's condition
<p>Allergen:</p> <p>Severity:</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Severe</p> <p><input type="checkbox"/> Don't Know</p> <p>Date of Initial Diagnosis:</p> <p>Date of last office visit for this allergen:</p> <p>Date of last reaction:</p>	<p><input type="checkbox"/> Airborne particles</p> <p><input type="checkbox"/> Skin contact</p> <p><input type="checkbox"/> Ingestion</p> <p><input type="checkbox"/> Cross-contamination</p> <p><input type="checkbox"/> <i>Other:</i> <i>(please describe)</i></p>	<p><input type="checkbox"/> Shortness of breath, wheezing, repetitive coughing</p> <p><input type="checkbox"/> Weak and rapid pulse</p> <p><input type="checkbox"/> Hives</p> <p><input type="checkbox"/> Constricted airways</p> <p><input type="checkbox"/> Swelling of tongue and/or lips</p> <p><input type="checkbox"/> Nausea, vomiting, diarrhea</p> <p><input type="checkbox"/> Dizziness or fainting</p> <p><input type="checkbox"/> <i>Other:</i> <i>(please describe)</i></p>	<p><input type="checkbox"/> Spirometry</p> <p><input type="checkbox"/> Allergy Testing</p> <p><input type="checkbox"/> Evaluation by Allergy / Asthma Specialist</p> <p><input type="checkbox"/> <i>Other:</i> <i>(please describe)</i></p>
<p>How many times has the student had a reaction to this specific allergen? Please explain. <i>(Never, once, more than once, etc.)</i></p>			
<p>Are the allergy reactions staying the same, getting worse, or getting better?</p>			

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REGARDING THE ALLERGEN LISTED ABOVE (IN TABLE A):

What accommodation(s) do you recommend? *These must be clearly linked to the Student's diagnosis and functional limitations*

In what way(s) will the proposed housing/dining accommodation(s) help to alleviate symptoms of the Student's allergy?