**Dormitory Approval or Dormitory Placement Changes Due to Medical Reasons**

**Submission Instructions:**

1. **In order to submit a request, you must complete the following:**
	1. **Application form (link can be found on the dormitory website)**
	2. **Medical confidentiality waiver (link can be found on the dormitory website)**
	3. **A letter from a specialist doctor in the field of the request/medical limitation.**

**Any additional \*relevant\* documents (e.g., a letter from a family doctor/primary care physician) that support the application/request may be included. However, applications will not be considered without the three documents specified above.**

1. **Common medical cases:**
	1. **Attention and concentration deficit disorders do not constitute a basis for dormitory eligibility or for changing one’s placement within the student dormitories and requests are not to be submitted for such reasons.**
	2. **Students with an inflammatory bowel disease diagnosis (Crohn’s or ulcerative colitis) are not eligible for dormitory residence based on medical reasons. However, if the student lives in a dormitory, he or she will be placed in an apartment with a bathroom. In order to receive this type of placement, students must submit an application, confidentiality waiver, and a letter from a gastroenterologist with the diagnosis included.**
	3. **Requests related to allergies are not to be submitted unless accompanied by diagnostic test results and a recommendation from an allergist.**
	4. **Applications related to sleep disorders are not to be submitted unless accompanied by test results from a sleep laboratory and a recommendation from a sleep doctor.**
2. **All forms must be submitted in PDF format only. The maximum file size per document is 1Mb.**

**Documents sent in any other format will not be accepted.**

1. **Do not submit partial documents (e.g., one page out of several pages of a medical document).**

**Do not submit documents that are partially redacted/blacked out or crossed out.**

1. **If the student is entitled to disability from the National Insurance Institute or the Ministry of Defense, the relevant documentation must be attached.**
2. **Documents must be in Hebrew or English only. If the documents only exist in a different language, a translation must be submitted along with the original document(s).**
3. **All forms must be emailed to:** **med\_requests@technion.ac.il****.**

All forms will be sent to the Technion doctor, and a response will be provided via email.

The doctor’s decision is final and decisive.