



Office of Academic and Student Affairs

Student Access

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DISABILITY DOCUMENTATION FORM

In order to provide reasonable and appropriate academic accommodations to those students at the University who have disabilities, Student Access requires documentation which shows the current disability and its impact on academic functioning. Please fill out this form or use the guidelines in the Disability Documentation Requirements.

Provider's Name: _____ Patient's Name: _____

Date: _____

1. How long has the patient been under your medical care?
2. What is the patient's diagnosis? Date of onset? Please provide a brief history of their condition.
3. Does the patient's condition substantially limit one or more major life activity? Which life activity? Please explain.
4. Please explain any relevant effects or symptoms related to the diagnosis: anxiety, balance, endurance, speech, mobility, concentration, etc.
5. Is the patient taking medication? If yes, please list the medications and the side effects.

6. Please identify any restrictions as a result of the diagnosis and/or medications that the student is taking.

7. Please recommend accommodations you believe could provide the student with equal access to the learning environment, both classroom and clinical.

Provider's Signature: _____ Date: _____