

VERIFICATION OF A MEDICAL DISABILITY

The Disability Services Office provides services to students with medical disabilities. In order to determine eligibility for services and appropriate accommodations, this office requires current and comprehensive documentation of the medical condition from the diagnosing physician or physician currently treating the student.

Please answer the following questions pertaining to:						
Da	te: Client's DOB:					
1.	What is the diagnosis, date of diagnosis, and last contact with the student?					
2.	Is the student/patient currently under your care?					
3.	Please describe the progression of this condition if applicable.					
4.	List current medication(s), impact, and adverse side effects.					

ajor Life Activities Assessme	ent.		
ease check which of the follo		vities listed below a	re affected beca
e impairment. Please indica			33
ife Activity	1- Negligible	2-Moderate	3-Substantia
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reathing			
tanding			
Caring for Oneself			
eaching			
ifting 			
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Valking			
eeing			
erforming Manual Tasks			
leeping			
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oncentrating			
Memorizing			
nteracting with Others			
Vriting or note taking:			
ther:			

5. If the student is currently undergoing medical treatment, please describe and indicate how

the treatment might affect the student academically.

7.	Describe the medical condition may result in the functional limitations in an academic setting (ie. Problems sitting for long periods of time, unable to type, write or note take, to keep up with class or for more than ten minutes, or unable to walk more than 50 feet without fatigue)?
8.	What is the expected duration of this disability?
9.	What recommendations do you have regarding accommodations, i.e., extra time for exams,
	note taker, disability parking, and adaptive transportation. Please describe your rationale for the accommodations you have recommended.
10.	Are there other associated disabilities? If so, what are they? Please describe these conditions and any functional limitations.
11.	Are there any situations or environmental conditions that might lead to an exacerbation of the condition?

Signature:	 	 	
Print Name and Title:	 		
Address:	 	 	
Telephone:	 	 	

Return this information to the address below to the attention of:

Ryan Hall (rhall (rhall21@sscc.edu)

Coordinator of Accessibility and Learning Services.

1.800.628.7722 extension 2604