

Verification of Physical/Health Related Disabilities

Heidelberg College provides accommodations and support services to students with diagnosed disabilities. A student's documentation regarding their condition must demonstrate that they have a disability covered under the Americans with Disabilities Act (ADA; 1990). *The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. To determine eligibility for services and accommodations, the Heidelberg College Academic Success Center requires current and comprehensive documentation of the student's disorder from the diagnosing physician or health care provider. (The provider completing this form cannot be a relative or associate of the student.) Items 1 through 6 must be completed in full. If space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

Please print or type:

Please respond to the following items regarding _____ (student name).

1. What is the student's medical condition/diagnosis?
 - a. How long has the student had this condition?
 - b. What is the severity of the condition? How could this condition affect the student's ability to undertake the obligations of undergraduate study?
 - c. How long is this condition likely to persist?
2. Describe the symptoms related to the student's condition that cause significant impairment of a major life activity.
3. List this student's current medication(s), dosage, frequency, and adverse side effects (if applicable for the above-mentioned diagnosis).
 - a. Are there significant limitations to the student's functioning that are directly related to the prescribed medications? Yes _____ No _____
 - b. If yes, please describe:
4. Does the student have a disability* as a result of this condition? Yes _____ No _____
5. If yes, please state specific recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted based upon the student's functional

limitations. Indicate why the accommodations you recommend are necessary (e.g., if you suggest a private room state the reasons for this request related to the student's disability).

6. If current treatments (e.g., medications) are successful, why are the above accommodations necessary?

The provider may also send a report that provides additional related information. The provider completing this form cannot be a relative or associate of the student.

Signature of provider

Date

License #

State

Name/Title: _____

Address: _____

Phone: _____