Documentation Verification
Temporary Medical Conditions

While the Office of Accessibility is not obligated to provide an accommodation to students with temporary medical conditions, as a courtesy and where feasible, the Office of Accessibility will attempt to provide students who experience temporary illness or injury, with services that allow access to the physical campus and educational curriculum. In order to consider the provision of a reasonable and appropriate temporary accommodation, this office requires current documentation of the condition from a current treatment/assessment professional that is legally qualified to make the diagnosis. The Office of Accessibility has the right to request additional documentation in order to provide appropriate services.

Name of Student: _____ Date of Birth: _____

1. Diagnosis: _____

   Date of Diagnosis: _____ Last contact with student: _____

   Expected Duration of Condition: _____

2. What clinical instrument, tests/assessments, diagnostic procedures was used to make this diagnosis? Instruments used must be age appropriate and utilize adult norms where applicable. Relevant test results must be attached.
   _____
   _____
   _____

3. In your opinion, does the condition or treatment associated therein, **substantially impact the student's learning in the academic environment**? _____ Yes _____ No

   If yes, list and explain: _____
   _____
   _____

4. Please identify any medication(s) or treatment that may temporarily adversely affect the academic performance or behavior of this student.
   _____
   _____
   _____

5. Describe the **symptoms associated with this condition** as they are currently temporary condition.
   _____
   _____
   _____

*Please feel free to attach any additional information describing specific concerns you may have.

Treatment/Assessment Professional Information

Printed Name and Title: _____

Licensing credential, number, and state: _____

Provider Signature: _____ Date: _____

Agency/Practice: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: ( ) _____

My signature verifies that I am the treatment/assessment professional and that the contents are accurate.

Please note: The Office of Accessibility will not accept disability-related documentation from treatment professionals who are related, in any way, to the student requesting services. In order to provide the appropriate analysis to documentation received, the Office of Accessibility must be able to rely on treatment professionals with the highest capacity for objectivity.

The information provided is maintained in the Office of Accessibility according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

Please return the completed form to the student.

Office of Accessibility • The University of Akron
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