



GUIDELINES FOR DOCUMENTATION OF PHYSICAL DISABILITIES AND HEALTH DISORDERS  
(including deaf/impaired hearing, blind/low vision, ADD/ADHD, chronic illness and head injury)

The following information will assist the OSAS staff in collaborating with the student to determine appropriate accommodations. Documentation serves as a foundation that legitimizes a student's request for accommodations under the Americans with Disabilities Act.

*This documentation requires the expertise of a physician or other medical professional with experience and expertise in the area for which accommodation are being requested. This professional must be an impartial individual who is not a family member of the student.*

**Following FERPA, information submitted will become an educational record and can be released to the student named below upon his/her request.**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please provide a clear statement of the medical diagnosis of the disability or illness:

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Describe present symptoms that meet the criteria for diagnosis and attach supporting test results  
(Attach current audiogram for deaf/hearing impairment or visual acuity measurements for blind/low vision. For head/brain injury and learning disabilities, attach summary of cognitive and achievement measures utilized and results including standardized test scores used for diagnosis):

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Describe the current impact that the disability or illness has on the student's functioning in major life activities and the degree to which it impacts the individual in learning:

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List current medication and dosages and include the impact of medication on the student's ability to meet the demands of the postsecondary environment:

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Additional Information/Comments/Academic Recommendations:

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Signature of Medical Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Please PRINT name of professional and credentials: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

NOTE: Further assessment by an appropriate professional may be required if coexisting learning disabilities or other disabling conditions are indicated.