# Medical Conditions Verification Form

This form is to be completed by a certified health professional for a University of Chicago student.

Student Disability Services (SDS) provides services and accommodations to persons with disabilities to ensure equal access and opportunity to educational programs and activities. Current and comprehensive disability documentation is required to verify that a diagnosed condition meets the legal definition of a disability covered under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act as amended in 2008. These laws define a disability as a physical or mental impairment that substantially limits one or more major life activities. Eligibility for disability services and accommodations is based, in part, on documentation that clearly demonstrates that the student has one or more functional limitations. To standardize the gathering of such information, SDS asks that the student’s health care provider complete this form.

**Student Consent**  
  
Student Name Click or tap here to enter text. Student ID Number Click or tap here to enter text.  
  
I, Click or tap here to enter text., authorize my health-care provider above to release health information to the University of Chicago Student Disability Services. The medical information requested on this form will be used to determine eligibility for appropriate reasonable accommodation for my disability while a student at the University of Chicago.

Signature of student: Type your signature here. Date: Click or tap to enter a date.

**Certifier Information**  
  
Clinician Name Click or tap here to enter text. Clinician Signature Click or tap here to enter text.  
  
Medical Specialty Click or tap here to enter text.,

License/Certification # Click or tap here to enter text. Issuing State Click or tap here to enter text.

Phone Click or tap here to enter text. Email Address Click or tap here to enter text.

Street Address or website of Practice Click or tap here to enter text.

Date of Completion of Form : Click or tap to enter a date.

Expiration Date: Click or tap to enter a date.

Patient Information

1. Date of initial contact with patient Click or tap here to enter text.
2. Date of most recent contact with patient Click or tap here to enter text.
3. Approximate frequency of contact with the patient since initial contact: Click or tap here to enter text.
4. Please describe the patient’s condition, listing a specific diagnosis (if applicable). Include the date the diagnosis was determined and explain tests and/or diagnostic methods used to determine the diagnosis.

Click or tap here to enter text.

1. Is this a temporary or permanent condition? Click or tap here to enter text.
2. Describe the functional impairment(s) resulting from this condition (e.g., physical, cognitive, perceptual abilities).

Click or tap here to enter text.

1. Describe the severity of the impairment(s) and the impact on performing tasks in daily living (e.g. inability to walk farther than 50 feet, unable to drive).

Click or tap here to enter text.

1. Describe any current and/or anticipated impact in an academic setting (e.g., headaches caused by computer glare, fatigue).

Click or tap here to enter text.

1. If the patient is undergoing treatment, please describe and indicate how the treatment may affect the condition and/or result in side effects that will impact the patient in an academic setting.

Click or tap here to enter text.

1. Is the patient taking medication? If yes, what effect does the medication have on mitigating symptoms of the condition?

Click or tap here to enter text.

1. Please offer any recommendations for reasonable academic adjustments, accommodations based on your assessment of areas of functional impairment that will support equal access to UChicago programs and services. *Note: This information will be taken into consideration by the SDS staff in determining reasonable accommodations under federal disability laws.*

Click or tap here to enter text.

1. Please provide any additional information that you think will be useful in evaluating the nature and severity of your patient’s disability that will inform the determination of eligibility for disability services and accommodations.

Click or tap here to enter text.

Please return this form University of Chicago, Student Disability Services

Email: [disabilities@uchicago.edu](mailto:disabilities@uchicago.edu) Fax: 773-926-0996 Phone 773-702-6000

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