

(as the result of injury, surgery, etc.)

Student Name: _____ **Banner ID:** _____

Name of Medical Provider: _____

In order to determine eligibility for reasonable accommodations and/or determine appropriate resources relevant to a temporary injury, the following materials are generally needed:

1. **Student Accommodation Request:** (to be completed by individual requesting accommodations) and
2. **This form, prepared by a qualified professional**

THE FOLLOWING IS TO BE COMPLETED BY A QUALIFIED PROFESSIONAL/PHYSICIAN

Note: This form may only be completed for a temporary impairment (such as injury, surgery, etc.), and is typically not sufficient for determining accommodations and resources long term.

1. Diagnosis/Injury/Condition: _____
2. Date of Injury/Condition: _____
3. Date of most recent office visit: _____
4. Describe the impact and functional limitations relevant to life activities, including academics:
5. Are there treatments, medications, etc. which will adversely impact the student's baseline function, if so, how?
6. Expected duration of temporary impairment/condition: _____
7. Anticipated date of full recovery: _____
8. Recommendations (should be directly linked to the impact or functional limitations associated with the impairment):
9. Organization: _____
10. Professional's Signature & License #: _____

Please attach a copy of your business card and submit this completed form to the Office of Access & Opportunity: Disability Resources.