

**Documentation Form for Temporary Injuries/Conditions**  
(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.