# Documentation Form for Temporary Impairments

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

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Banner ID</th>
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<tbody>
<tr>
<td>Name of Medical Provider</td>
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In order to determine eligibility for reasonable accommodations and/or determine appropriate resources relevant to a temporary impairment, 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/Impairment: __________________________________________________________

2. Date of impairment: __________________________________________________________

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):

   __________________________________________________________

   __________________________________________________________

12. Organization: ______________________________________________________________

13. Professionals’ Signature & License #: _________________________________________

14. Please attach a copy of your business card and submit this completed form to the Office of Access & Equity: Disability Resources (ODR).