

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 & Equity: Disability Resources.