

 **Medical Information to Document Medical/Sensory Disability**

**To be completed in full by a Licensed Medical Professional**

Please TYPE or PRINT

**DISABILITY SUPPORT SERVICES**

**Patient’s Name:**

1. Diagnosis of condition and current status (include: date of onset and last date patient was seen)

1. Describe the symptoms, severity and prognosis of the condition. Please indicate if the condition is chronic or temporary.

1. List medications and any side effects that may hinder the ability to process information.

1. Describe the FUNCTIONAL limitations in an educational setting. If appropriate please comment on stamina, attendance, and physical access issues.

1. Please indicate your recommendations for accommodations (including technology recommendations)

Signature: Date:

Print Name and Title:

Address: Phone:

**Return by mail or fax with Voluntary Statement to:**

Disability Support Services

Middlesex Community College

591 Springs Road

Bedford, MA 01730

**Fax: Attn: Disability Support at 781-275-7126**

***Please refer to guidelines on back***

**Medical/Sensory Disability Documentation Guidelines**

Students who are seeking support services from Middlesex Community College on the basis of a diagnosed physical disability are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Protection under these civil rights statutes is based upon documentation of a physical disability that currently substantially limits some major life activity including learning.

The following guidelines are provided in the interest of assuring that documentation is appropriate to verify eligibility and supports a request for reasonable accommodations, academic and/or auxiliary aids on the basis of a physical disability that substantially limits one or more major life activities.

**For students with visible disabilities** (ex: students with mobility challenges), the individual should provide **current** documentation from a licensed medical professional which discloses

(a) the nature of the disability; (b) the functional limitations in an educational environment;

(c) prognosis, when appropriate; and (d) recommendations in an educational setting.

**For students with non-visible physical or medical disabilities** (ex: arthritis, ulcerative colitis) the individual should provide **current** documentation from a licensed medical professional, which discloses (a) the nature of the disability; (b) the functional limitations resulting from the disability in an educational environment; (c) prognosis, when appropriate; and (d) recommended accommodations.

**For students with sensory impairments (vision or hearing),** the individual should provide **current** documentation from a licensed medical professional which indicates (a) diagnosis, including the extent of the vision or hearing impairment; (b) the functional limitations resulting from the disability in an educational environment; (c) prognosis, when appropriate; and

(d) recommended accommodations, including assistive technology.

**NOTE: For students who are experiencing a temporarily disabling condition.** Although students with temporary disabilities or illnesses may not be considered disabled under federal law, they may sometimes need accommodations similar to those provided to students with permanent disabilities. To receive an accommodation, a student **must** present documentation of their temporary disability from a qualified medical professional. Such documentation should include an estimate of the length of time the student will require accommodations in the educational setting. Reasonable accommodations will be made beginning when the request is made and documented. These accommodations will NOT be retroactive.

**Updated: 10.20.20**