

Disability Verification Form

Temporary Medical Conditions

While the Office of Accessibility (OA) is not obligated to provide accommodations to students with temporary medical conditions, as a courtesy and where feasible, the Office of Accessibility will attempt to provide students who experience temporary illness or injury, with services that allow access to the physical campus and educational curriculum. To consider the provision of reasonable and appropriate temporary accommodations, this office requires current documentation of the condition from a current treatment/assessment professional that is legally qualified to make the diagnosis. The Office of Accessibility has the right to request additional documentation to provide appropriate services.

Please take note of the following as you complete this form:

- A. The person completing this form should be a healthcare professional who is either (1) qualified to assess and diagnose the student's condition, and/or (2) is a part of the student's treatment plan for a previously diagnosed condition. These professionals are generally trained, certified, or licensed to diagnose and/or treat medical conditions. Examples include psychiatrist, psychologist, therapist, social worker, medical doctor, optometrist, speech-language pathologist. The Office of Accessibility cannot accept disability-related documentation or evaluations from treatment professionals who are related, in any way, to the student requesting services.
- B. Please complete all parts of this form as thoroughly as possible. Inadequate information, illegible handwriting, or missing fields may delay the eligibility review process by necessitating follow up contact for clarification.
- C. The information you provide will be kept in the students' file at the Office of Accessibility, where it will be held securely and confidentially. The information provided is maintained in the Office of Accessibility according to the guidelines of the Family Educational Rights and Privacy Act (FERPA). This form may be released to the student at his/her request.

Once completed, please return this form to the student so that they may upload it with their [OA New Student Application](#). If you have questions regarding this form, please contact OA at (330) 972-7928 or access@uakron.edu.

Student Information

(Please print legibly or type)

Name _____

Date of Birth _____

If current UA student, email address _____@uakron.edu

Other email address _____

Diagnostic Information

To be completed by Healthcare Professional

(Please print legibly or type)

The information you provide helps us determine whether temporary accommodation(s) are **needed to ensure equal access** to the university's academic environment.

Please note that temporary accommodation(s) are approved based on the **functional impact of the temporary medical condition**. Detailed information describing **how the condition affects the individual in an academic setting** is essential. Documentation that includes only a recommendation without supporting clinical rationale may not be sufficient.

1. Date of Diagnosis _____

2. Diagnosis and Expected Duration of Condition _____

3. What clinical instrument, tests/assessments, diagnostic procedures were used to make this diagnosis (i.e., audiogram, functional capacity evaluations, diagnostic test results, etc.)? Instruments used must be age appropriate and utilize adult norms, unless inapplicable. Please attach relevant test results.

