

VERIFICATION OF A MEDICAL DISABILITY OR CHRONIC HEALTH CONDITION

The Center for Success (CFS) provides accommodations to students diagnosed with a disability that substantially impacts one or more major life functions. To determine eligibility for services and appropriate accommodations, current and comprehensive documentation of the disability from a licensed professional who is credentialed to perform such evaluation is required. If you have any questions pertaining to documentation needs, feel free to contact **Shelby Gianni at**

(740) 284-5263 or Email sgianni@franciscan.edu.

STUDENT INFORMATION:

*** To be completed by the student ***

Full Legal Name:		
Date of Birth:	Cell Phone:	
FUS ID#:	FUS Email:	@student.franciscan.edu
Address:		

MEDICAL INFORMATION: <u>*** To be completed by the diagnosing professional ***</u>

1. What is the diagnosis, date of diagnosis, and your last contact with the student?

- 2. Describe the symptoms of the disabling condition.
- 3. What is the severity of the disabling condition? Mild Moderate Severe

4. What is the prognosis and/or expected duration of the disabling condition?

- 5. History of hospitalization:
- 6. Please describe the functional limitations of the disorder for this student in an <u>educational setting</u> and list any recommendations you have for academic accommodations.

7. Please describe the functional limitations of the disorder for this student in a <u>residential setting</u> and indicate what housing accommodations might mitigate the symptoms.

8. Is the student current taking medication(s) for the condition? If yes, please describe the side effects that impact the student's functioning (e.g., concentration, sleeping, recall ability, eating, etc.) Does the student have a prescribed treatment plan?

PROVIDER INFORMATION:

Signature:	Date:	
Print Name and Title:		
State of License:	License Number:	
Address:		
Telephone:		

<u>Once completed, please return this form back to the student</u> so that they may upload it with their Accessibility Services Application (found on the FUS website). If you have questions regarding this form, please call CFS at 740-284-5263.