



**Documentation of Disability/Medical Condition for Accommodations Request**

Student Name: \_\_\_\_\_

*Medical/Health Care Provider: The above person is a current or entering student at Lourdes University and is requesting accommodations on the basis of a disability and/or medical condition. To consider this student's request for an accommodation, Lourdes University requests documentation of the student's disability/medical condition from the treating and licensed clinical professional or health care provider thoroughly familiar with this student's condition and his/her functional limitations and/or restrictions. Please complete this form in its entirety. If the spaces provided are not adequate, please attach a separate sheet of paper. This information is kept confidential at the highest level possible.*

Is the student currently under your care? \_\_\_\_ Yes \_\_\_\_ No

If yes, for how long have you cared for the student? \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Diagnosis/Diagnoses: \_\_\_\_\_

Date of last visit for this condition: \_\_\_\_\_

Severity of the condition (check one): \_\_\_\_ Mild \_\_\_\_ Moderate \_\_\_\_ Severe

Please list any current treatment, medications and side effects:

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What factors exacerbate this condition?

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Does the student's disability/medical condition significantly limit any major life activities?  
If yes, please describe the limitations and/or restrictions in detail.

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Please state specific recommendations regarding the accommodation(s) this student needs in relation to the classroom/campus/residence hall environment and explain why such an accommodation is warranted, based upon the student's limitation(s).

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Anticipated duration of need for accommodation(s):

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**If you are related to this student, what is your relationship?**

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**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**License/Cert. #** \_\_\_\_\_ **State:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:**

**Fax:**

Information may be forwarded to:

Office of Accessibility Services, Lourdes University

DEH 105, 6832 Convent Blvd, Sylvania, OH 43560

Fax: 419-517-7458; Phone: 419-824-3523; [Email: oas@lourdes.edu](mailto:oas@lourdes.edu)

*Please note: General notes or statements without a specific diagnosis history, severity level, limitations, signature, and appropriate provider credentials will not be accepted. Additionally, documentation statements from clinician parents/relatives will not be accepted.*

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