

MOBILITY IMPAIRMENT/MEDICAL CONDITION VERIFICATION FORM

PLEASE REVIEW CAREFULLY

The student named below has applied for accommodations from Disability Services at Hamline University. Hamline University provides academic accommodations to students with chronic conditions and mobility/medical disabilities. Students seeking services must provide appropriate medical documentation of their disability so that Disability Services can determine the need for reasonable accommodations and/or support.

The Americans with Disabilities Act (ADA) defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting life activities.

After completing this form, please mail or fax it to us at the address listed on the last page. The information you provide will not become part of the student’s educational records, but will be kept in the student’s file at Disability Services, where it will be held strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student’s participation in postsecondary education. Please contact us if you have questions or concerns. Thank you for your assistance.

Student’s Name: _____

Today’s Date: _____

1. Primary diagnosis/impairment: _____
2. Date of above diagnosis: _____
3. Date student was last seen: _____
4. Is this student currently under your care? Yes No

5. Life Activities Assessment: Please check which of the life activities listed below are affected because of the impairment. Please indicate level of limitation.

Life Activity	1 – Negligible	2 – Moderate	3 - Substantial
Talking			
Hearing			
Breathing			
Standing			
Working			
Reaching			
Lifting			
Sitting			
Walking			
Seeing			
Writing			
Performing Manual Tasks			
Sleeping			
Learning			
Reading			
Thinking			
Concentrating			
Memorizing			
Interacting with Others			
Caring for Oneself			
Other			

6. What are the **specific functional limitations** resulting from the impairment's impact on the life activities identified above (i.e., unable to lift more than 10 lbs.; unable to type more than 10 minutes at a time, etc.)?

7. Please attach any other supporting information (e.g., neurological test reports) and describe them here:

8. Is this student currently taking medication(s) for this impairment(s)?
 - a. Please describe the medication:

 - b. Date prescribed:

 - c. Effect on academic functioning:

 - d. Side effects:

9. If student is currently undergoing treatment, please describe the treatment and how it may affect the student in a post-secondary setting:

10. Are the functional limitations permanent? If not, what is the anticipated date of resolution?

11. From your professional perspective, please describe possible accommodations that could facilitate academic performance:

12. Is there anything else you think we should know about the student's impairment?

Certifying Medical Professional

Name and Title (please print): _____

License Number: _____ State of Licensure: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Signature: _____

Please return to:

Disability Services
Hamline University
1536 Hewitt Avenue
MS-C 1926
Saint Paul, MN 55104-1284
Phone: 651-523-2521 or 651-523-2740
Fax/TTY: 651-523-2403
<http://www.hamline.edu/disabilityservices>