



UC Clermont Disability Services Office

VERIFICATION OF A MEDICAL DISABILITY

The Disability Services Office at the University of Cincinnati provides accommodations to students with medical disabilities. To determine eligibility for services, this office requires current and comprehensive documentation of the condition from the diagnosing physician or the physician currently treating the student.

Please answer the following questions pertaining to: _____

SSN#: _____

Primary Diagnosis: _____

Date of diagnosis: _____ Date of last contact with student: _____

Describe symptoms associated with diagnosed condition. _____

List prescribed medication(s), dosage, frequency, and adverse side affects (if applicable). _____

Does this condition or medication prescribed for this condition cause substantial limitations in the academic environment? If yes, please describe: _____

The following academic accommodations may or may not be appropriate for this student. Please indicate those which you believe will reduce the impact of symptoms, medication side effects, and/or behavioral issues in the academic environment.

- Peer Notetaker
- Use of an in-class tape recorder
- Distraction-free testing environment
- Extended Testing Time _____+50% _____+100%

Other: _____

Licensed Professional's Signature: _____ Date: _____

Name and Title (print): _____

Address: _____

Office Phone: _____

Please send completed form and any other relevant material (i.e. results of psycho-educational testing) to:

Jennifer Radt
Director of Disability Services
UC Clermont
4200 Clermont College Drive
Batavia, OH 45103

Phone: (513) 732-5327
Fax: (513) 732-5303