



Verification of Medical/Physical Disability

Accessibility Resources 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:

Student: _____

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 effects (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 Note taker _____
- Use of an in-class Tape Recorder _____
- Distraction-free Testing Environment _____
- Extended Time for Testing: _____ +50% _____ +100%

Other: _____

Licensed Professional's Signature: _____

Print Name & Title: _____

Address: _____

Phone: _____

Date: _____

Please send this form and any supporting documents to:

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