RUTGERS
Office of Disability Services

Lucy Stone Hall-- Livingston Campus
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Medical Condition Documentation Form

Student's First Name:

Student's Last Name:

Date of Birth:

Student's Street Address:

City

State

Zip Code

Diagnosis and description of the student's medical condition?

When was the condition first diagnosed?

Date of initial contact with student

Date of last contact with student

Frequency of Appointments

- ◯ Once a week
- ◯ Twice a week
- ◯ Once a month
- ◯ Once every six months
- ◯ Once a year
- ◯ On an as needed basis

What is the severity of the condition?

- ◯ Mild
- ◯ Moderate
- ◯ Severe

Explain the severity checked above:

What is the expected duration of the condition?

- ◯ Short term (less than 6 months)
- ◯ Episodic
- ◯ Long term (6 months-1 year)
- ◯ Chronic (longer than a year with frequent recurrence)

Is the student able to ambulate?

- ◯ Yes
- ◯ No

Can the student negotiate stairs, or is an elevator required? Please explain

Please list the student's current symptoms. Then indicate what reasonable academic accommodations would be related to the symptom indicated. More detailed information regarding reasonable academic accommodations can be found at: reasonable accommodations.

Example: Symptom: "Due to the student's Crohn's Disorder, the student has frequent stomach pain and is required to use the restroom numerous times throughout the day. Often this is an emergency type of frequency and may affect attendance."

Recommended Reasonable Accommodation: "Student will require frequent breaks, consideration of attendance policies, and possibly breaks during quizzes or exams as necessary without penalty."

Symptom 1:

Recommended Reasonable Accommodation:

Symptom 2:

Recommended Reasonable Accommodation:

Symptom 3:

Recommended Reasonable Accommodation:

Symptom 4:

Recommended Reasonable Accommodation:

Symptom 5:

Recommended Reasonable Accommodation:

Is the student currently taking any medication?

- ◯ Yes
- ◯ No

If yes above, please provide information on each medication below:

Medication 1/Dosage/Frequency (e.g., Celebrex 200 mg 1 x daily):

Date Prescribed:

Side Effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.)

Medication 2 /Dosage/Frequency (e.g., Celebrex 200 mg 1 x daily):

Date Prescribed:

Side Effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.)

Medication 3 /Dosage/Frequency (e.g., Celebrex 200 mg 1 x daily):

Date Prescribed:

Side Effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.)

Physician or Medical Provider's Full Name

License Number

Profession

Provider's Address

Provider's Phone #

Provider's Email Address

Provider's Fax Number

Please upload any supporting documentation that you feel can assist our office in the determination of reasonable accommodations.