



## Medical Care Provider Form

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The purpose of this form is to assist the Graduate School of Design in determining whether, or to what extent, a reasonable accommodation is necessary for student with a disability to access their academic program. Please answer the following questions and provide any additional supporting documentation sufficient to establish the existence of any physical or mental impairment and the need for academic accommodations. Please return this form to Kelly Wisnaskas, Student Accommodations Coordinator.

### Student Information

Student's Name: \_\_\_\_\_

Academic Program: \_\_\_\_\_

### Provider's Information

Medical Professional's Name: \_\_\_\_\_

Certification/Credentials: \_\_\_\_\_

State Licensure and Number: \_\_\_\_\_

Agency or Institution Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*By signing below, I hereby certify that the following information is true and accurate to the best of my knowledge. I also understand that accommodation requests are not granted based on a diagnostic label. A link must be established between the requested/recommended accommodation and the current functional limitations.*

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Signature of Health Care Provider

Date

### Diagnostic Information

1. Specific diagnosis(es) related to the accommodation request:
2. Date of diagnosis or onset:
3. Most recent evaluation or visit:
4. How long is the condition likely to exist?
5. Does the impairment substantially limit one or more major life activities?
  - a. If yes, please circle all major life activities affected by the related diagnosis:

- |                        |                         |
|------------------------|-------------------------|
| Bending                | Performing Manual Tasks |
| Breathing              | Reading                 |
| Caring for oneself     | Seeing                  |
| Communicating          | Sleeping                |
| Concentrating          | Speaking                |
| Eating                 | Standing                |
| Hearing                | Sitting                 |
| Interacting with Other | Thinking                |
| Learning               | Walking                 |
| Lifting                |                         |
| Other: _____           |                         |

6. Based on the student's disability, what is/are the functional limitation(s) interfering with the student's ability to access their academic program?

7. Please provide a list of recommended academic accommodation(s) and rationale.