# UNIVERSITY OF NORTH FLORIDA

**Student Accessibility Center**

Building 57, Room 1500

1 UNF Drive

Jacksonville, Florida 32224-2665

Tel: (904) 620-2769 FAX: (904) 620-3874

SAC@unf.edu

## **Disability Verification of Medical or Physical Conditions**

### Student complete the following.

* Student Name:
* Date of Birth:
* Phone Number:
* UNF Student N Number (if assigned one):

To ensure the provision of appropriate accommodations, you must provide current documentation of your disability. This documentation should provide information regarding the onset, longevity and severity of symptoms as well as a specific description of how they interfere with educational achievement. Assessment of current functioning is necessary.

The following information will assist us in providing the most appropriate academic accommodations for you. We are required to maintain confidential records for the purpose of academic accommodation according to Section 504 of the Vocational Rehabilitation Act of 1972 and the Americans with Disabilities Act of 1990.

I hereby authorize the following information as well as any other pertinent documentation to be forwarded to the Student Accessibility Center at the University of North Florida for the purpose of determining my eligibility for academic accommodations.

* Student Signature:

* Date:

Information to be requested from the following Professional.

* Professional’s Name:
* Address:
* City:
* State/Zip:
* Telephone Number:

## **Disability Verification of Medical or Physical Conditions**

The student/patient named above has asked to register with the Student Accessibility Center (SAC) at the University of North Florida. The SAC requires documentation of the individual’s disability in order to establish eligibility and provide services.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and entitled to reasonable accommodations. To establish that the individual is covered under law, documentation must indicate that a disability exists and the disability substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. Documentation must also support the request for accommodations.

After completing this form, please fax or mail it to the SAC at the address below. The information you provide will not become a part of the student’s educational records but will be kept in a confidential file in the SAC office. Please contact the SAC staff member listed below if you have any questions or concerns. Thank you for your assistance.

### Physician complete the following and send to the UNF SAC.

1. Diagnosis/Impairment:
2. Diagnostic Codes (if applicable):
3. Date of Diagnosis:
4. Duration of disability/impairment:
5. Is disability/impairment permanent or temporary?:
6. If disability is temporary what is the expected date of recovery (Month/Year)?:
7. Describe how this medical condition may result in specific functional limitations in an academic setting (e.g.., problems sitting for long periods of time, unable to type for more than 10 minutes, or unable to walk more than 50 feet without fatigue)?
8. If the individual is currently undergoing treatment or taking medication, please describe how it may affect their academic performance.
9. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?
10. Please indicate your recommendations regarding academic accommodations and accompanying justifications for the student (e.g., note-takers, extended time for tests, etc.).
11. Please indicate if student should be exempt from living on campus and/or having a meal plan on campus.

Please use the following scale to indicate the level of limitation due to the disability/impairment of each major college life activity and academic function listed next.

The numeric scale is: 1 is very low, 2 is low, 3 is medium, 4 is high and 5 is very high.

* Life Activity **Walking**, limitation level number is:
* Life Activity **Breathing**, limitation level number is:
* Life Activity **Seeing**, limitation level number is:
* Life Activity **Hearing**, limitation level number is:
* Life Activity **Speaking**, limitation level number is:
* Life Activity **Sitting**, limitation level number is:
* Life Activity **Standing**, limitation level number is:
* Life Activity **Eating**, limitation level number is:
* Life Activity **Sleeping**, limitation level number is:
* Life Activity **Performing Manual Tasks**, limitation level number is:
* Life Activity **Learning**, limitation level number is:
* Life Activity **Thinking**, limitation level number is:
* Life Activity **Concentrating**, limitation level number is:
* Life Activity **Memory**, limitation level number is:
* Life Activity **Reading**, limitation level number is:
* Life Activity **Writing**, limitation level number is:
* Life Activity **Attending Class**, limitation level number is:
* Life Activity **Meeting Deadlines**, limitation level number is:
* Life Activity **Interacting with Others**, limitation level number is:
* Any **Additional** Life Activity:
* Limitation level number of additional life activity is:
* Student’s Name:
* Professional Signature:

* Date:
* Print Professional Name, Title, Degree:
* Professional License Number:
* Phone Number:

Tests of cognition, information processing and academic achievement, which may not have been part of the diagnostic process itself, maybe needed by the SAC to determine appropriate academic accommodations and services for a student with mobility impairment or other impairment due to a medical condition.

Thank you for your prompt response to this request. Please return this information to:

Rusty Dubberly, Ed.D.

Director, Student Accessibility Center

Building 57, Room 1500

1 UNF Drive

Jacksonville, Florida 32224-2665

Tel: (904) 620-2769 FAX: (904) 620-3874

E-mail: Rusty Dubberly (r.dubberly@unf.edu)