Disability Resource Center, Academic and Student Affairs, 246 Student Center
734-487-2470 Email: DRC@emich.edu Fax: 734-483-6515

EMU

Documentation for Medical and Psychological Conditions and Suggested Accommodations (DRC102)

Notice: The Disability Resource Center, EMU, promotes compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities. To accomplish that it is necessary that we rely on the student's personal interview, shared history, assessments, documentation, and clinical recommendations by medical professionals. The appropriate level of accommodation should provide the student with access to an educational opportunity. However, accommodations are not intended to be excessive or redundant. We caution not to overdo or go beyond "appropriate documentations" to avoid depriving the student of educational and social opportunities associated with the University learning community.

1. To be completed by the student (your request constitutes an authorization for release of medical information from your providers to EMU/DRC):

Student's Name: _____Signature: _____ Date: _____ Student DOB: _____

2. To be completed by treating physician or other licensed professional. Please print legibly.

_Diagnosis: _____

_Current GAF: _____ Date of Diagnosis: _____ Date of last visit for this condition: _____

_Procedures/assessments used to diagnose this student's condition (Please Attach Copies of the assessment results used in making/confirming diagnosis): _____

_Severity of the condition: ____Mild ____Moderate ____Severe. Comments: _____

_Is student adhering to medical treatment plan for this condition: ___Yes ___No ___Inconsistently ___Unknown

_Does student take prescription medication for this condition? : ___Yes ___No ___Inconsistently

_ Unknown If yes, list the medications and special concerns: _____

_Medical equipment (other treatment, comfort, or optional considerations) prescribed for this student's home or school environment: _____ _____

_Has this student been treated in an emergency room for this condition within the last year? (Circle one): Yes No

_Has this student received in-patient treatment for this condition within the last year? (Circle one): Yes No

_Explain how this condition significantly limits a major life activity. Major life activities "are those basic activities that the average person in the general population can perform with little or no trouble." _____

_____

_____

_____

_____

_With what frequency does this student experience the above limitation(s)? ___Rarely ___Occasionally ___Frequently

_Will the above limitation(s) interfere with this student's ability to participate in student life (e.g., academics, recreation, etc.)? _____

_Could excessive accommodation or optional conditions interfere with the student academic and personal development? __ Yes ___ No

_Suggested health-care management plan of this condition: _____

_Suggested accommodations, clearly linked to functional limitations: _____

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_____

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_____

Physician's Name: _____ Physician Signature: _____

License/Cert. #: _____ Specialty: _____

Phone: _____ Fax: _____