



Accessibility and Disability Services

DOCUMENTATION OF A MEDICAL DISABILITY

Coastal Carolina University, through Accessibility and Disability Services, provides services to students with diagnosed medical/physical disabilities in accordance with the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. To determine eligibility for services, this office requires current and comprehensive documentation of the disability or medical condition from the diagnosing physician or other appropriate professional. The student named below is requesting services from our office at this time. In order to help us serve this student in the best possible manner, please complete the following form ASAP and **return it to the below address or fax number**. No services will be available to this student until this form has been received. Thank you.

Student's Name: _____

Date of Birth: _____ **Date of Assessment:** _____

Diagnosis: _____ **Current Medications:** _____

Provider/Assessor: _____

**Provider/Assessor
Credentials/Title:** _____

Check The Most Appropriate Description of this individual:

I, the undersigned provider/assessor, certify that the above named student:

Check One:

- Meets the definition of a **disability*** as defined by the American's with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973. (**Impairment that substantially limits a major life activity.*)
- Has a medical condition that is not a disability, but may warrant consideration for temporary accommodations.

Provider/Assessor:

Signature

Date

The following information must be documented on the provider's letterhead.

1. Diagnostic statement identifying the condition or disability.
2. Date of the most current contact and date of the original diagnosis.
3. Description of the diagnostic tests, methods and/or criteria used to diagnose the condition or disability.

4. Description of the current symptoms and the **substantial functional impact of the condition or disability on a major life activity** (i.e. how does this condition affect the student's learning, mobility, communicating, thinking, etc.).
5. Treatments, medications, and/or assistive devices/services currently prescribed or in use, as well as any significant side effects of treatments or medications.
6. Description of the expected progression or stability of the impact of the condition or disability over time, particularly, the next 5 years.
7. Whether the condition or disability described is permanent, long-term (6-12 months), or short-term/temporary (6 months or less).
8. Recommendations for accommodations, (e.g. extended time for exams, preferred seating, etc.).

Return form and documentation to:

Coastal Carolina University
Accessibility and Disability Services
P.O. Box 261954
Conway, SC 29528
FAX: (843) 349-5042
Phone: (843) 349-2503