



COMMONWEALTH UNIVERSITY OF PENNSYLVANIA

Disability Verification Form – Academics and/or Housing

Disability Services reviews documentation from the student’s licensed clinical professional or health care provider, who is thoroughly familiar with the student’s condition and functional limitations, when considering any request for accommodations. Accommodations are based on a disability/chronic health condition. All questions must be completed in full. The completed form can be returned to the identified UDS campus office via fax, mail, email, or hand delivery.

TO BE COMPLETED BY THE STUDENT

Preferred Name: _____

Legal Name: _____

Student ID Number (P*****): _____ Date of Birth: _____

If prospective, what semester and year are you starting? _____

Phone Number with area code: _____

Email address: _____

Student Signature: _____

Please Check the Campus You Are Attending:

Bloomsburg UDS
043 Warren Student Service Center
400 East Second Street
Bloomsburg, PA 17815
Ph: (570) 389-4491 | Fax: (570) 389-5053
UDSbloomsburg@commonwealthu.edu

Lock Haven UDS
205 Ulmer Hall, Student Success Center
401 North Fairview Street
Lock Haven, PA 17745
Ph: (570) 484-2665 | Fax: (570) 484-2894
UDSlockhaven@commonwealthu.edu

Mansfield UDS
147 South Hall
31 South Academy Street
Mansfield, PA 16932
Ph: (570) 662-4150 | Fax: (570) 662-4149
UDSmansfield@commonwealthu.edu

TO BE COMPLETED BY THE PROVIDER

1. Please provide the diagnosis, the initial date of the diagnosis, as well as the most recent treatment date. How long has the student been in treatment with the provider/clinical professional? (*See #1 on attached sheet for definitions of impairments).

2. Please provide the severity of this diagnosis.

- Mild Moderate Severe
Chronic Acute Episodic

3. Is there a secondary diagnosis? If yes, what?

4. Does the diagnosed disability substantially limit major life activities? Yes No
(*see #2 on attached sheet for definition of substantially limit and #3 for major life activity)

5. Please state specifically the areas of the student's life that are significantly limited by the diagnosis (* see attached sheet for definition of #3 major life activity):

6. Please describe the manner and extent to which the impairment(s) limit the above described major life activities?

7. Please provide recommendations for accommodations. State specifically what symptoms the recommended accommodation(s) will alleviate and how it will affect the student and the impacted areas of his/her life.

Healthcare Provider Please fill in all fields:

Provider Signature: _____ Date: _____

Provider Name (print): _____

Title: _____

License or Certification #: _____

Address: _____

Phone Number with area code: _____

Fax Number with area code: _____

Additional Information and Definitions

Answers should reflect the impact of the symptoms when the patient's medical condition is in its active state without regard to the ameliorative effects of mitigating measures such as: medication; medical supplies; equipment or appliances; low-vision devices (devices that magnify, enhance or otherwise augment a visual image); prosthetics including limbs and devices; hearing aids and cochlear implants or other implantable hearing devices; mobility devices; oxygen therapy equipment and supplies; assistive technology; auxiliary aids or services (interpreters or other methods of making aurally delivered materials available to individuals with hearing impairments, qualified readers, taped texts, or other methods of making visually delivered materials available to individuals with visual impairments, acquisition or modification of equipment or devices); learned behavioral or adaptive neurological modifications.

***1. Physical or mental impairment** The Americans With Disabilities Act (ADA) defines a physical or mental impairment as (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine; or (2) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

***2. Substantially Limit** An impairment need not prevent or severely or significantly limit a major life activity to be considered substantially limiting. To have a disability an individual must be substantially limited in performing a major life activity as compared to most people in the general population.

***3. Major Life Activity** The phrase "major life activity" includes, but is not limited to, functions such as caring for oneself, performing manual tasks, sitting, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. Additionally, a "major life activity" also includes the operation of a major bodily function, including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.