COMMONWEALTH UNIVERSITY OF PENNSYLVANIA

Disability Verification Form – Academics and/or Housing

For reasonable accommodation under the ADA, a student has a disability if the student has a physical or mental impairment that substantially limits one or more major life activities, or a record of such an impairment. 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: _____

CU 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

Third-party documentation may be sufficient to establish the presence of a disability; however, documentation alone does not inform whether accommodations are reasonable. Medical information will be considered but is not the definitive information that informs our final decisions. We consider a multitude of factors, and medical provider's recommended accommodation does not automatically bind UDS, and Commonwealth University of PA, to approve the accommodation as being reasonable.

TO BE COMPLETED BY THE PROVIDER

For reasonable accommodation under the ADA, a student has a disability if the student has a physical or mental impairment that substantially limits one or more major life activities, or a record of such an impairment.

1. Does the student have a physical or mental impairment? (*See #1 on attached sheet for definitions of impairments.)

☐ Yes ☐ No

2. Please provide the diagnosis:

_____

3. Have you examined the student for the above stated impairment?

☐ Yes ☐ No

Date of examination(s): _____

How long has the student been in treatment with you as the provider/clinical professional for this condition? _____

4. Please indicate the severity of the impairment.

☐ Mild ☐ Moderate ☐ Severe

5. Is there a secondary diagnosis?

☐ Yes ☐ No

If yes, please provide the diagnosis:

_____

6. Please indicate the approximate date when the student's condition or impairment began to substantially limit their ability to perform a major life activity and describe which major life activity(ies) is impacted.

_____

_____

_____

7. Please describe <u>how</u> the impairment limits, and the <u>extent to which</u> the impairment limits, the above-described major life activity(ies). (*See #2 on attached sheet for definition of substantially limit and #3 for major life activity.)

_____

_____

_____

8. Please indicate the expected duration of the impairment.

_____

_____

_____

9. 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.