



## **Disability Verification Form**

To Be Completed by the Licensed Health Professional *specific to the nature of Diagnosis*

The student identified below has informed Wilson College that the student has a disability and is seeking reasonable accommodation to be able to participate in the programs and activities of the College. Please complete this form in its entirety so that Wilson College has information regarding the nature and severity of the student's medical condition to determine the appropriateness of potential reasonable accommodations to be made for the student. Please use additional pages as needed to provide complete and thorough answers. Thank you for your assistance.

### **1. Student Information:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **2. Care Provider Information:**

Provider Name: \_\_\_\_\_

Credentials/Licensing: \_\_\_\_\_

Provider Practice Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Office Email: \_\_\_\_\_

**3.** Are you currently treating student?    ☐ Yes    ☐ No

**4.** When was the last time you treated student?

5. Number of consultations in the last three years and the frequency of your treatment of student?

6. Time period under your care.

7. The student named above has requested accommodations from Wilson College because of a disability. A disability is defined under the Americans with Disabilities Act as a “physical or mental impairment that substantially limits one or more major life activities.” Please identify the student’s disability(ies)/diagnosis(es) or impairment(s).

8. Is this a temporary impairment?

☐ Yes ☐ No

a. If temporary, the anticipated duration of the condition is: \_\_\_\_\_

9. Date of diagnosis: \_\_\_\_\_ Made by you? \_\_\_\_\_

If not, by whom? \_\_\_\_\_

**10.** Please describe the symptom and treatment history for this student's disability.

**11.** Prognosis (Please give anticipated progression, duration, stability).

**12.** Please describe in detail the type, severity and frequency of symptoms currently experienced by the student, and how and to what degree they substantially limit one or more major life activities.

**13.** What is the student's current treatment plan?

**14.** Please list any medications related to the student's medical condition that the student is currently taking, including dosage and frequency, if relevant. Please also describe positive and adverse side effects of any prescribed medications.

**15.** Please explain how the student's disability will impact the student's ability to attend and participate in the College's programs and activities, including classes, extracurricular activities and living in College housing.

**16.** Due to the nature of Student's disability, does the student need any reasonable accommodations to be able to attend Wilson College as a student, live on campus as a resident of the College, or otherwise participate in the College's programs, activities and services?

☐ Yes            ☐ No

**17.** If the answer to the previous question is "Yes," please list, describe and provide rationale for any reasonable accommodations that you recommend that are necessary to enable the student to attend Wilson College as a student, live on campus and otherwise participate in the College's programs, activities and services. Please specifically address the student's disability and how the accommodations may remove a specific barrier. \*Please note that reasonable accommodations are considered and determined through an interactive process with the student.

**18.** What is the expected duration of the need for the accommodation(s).

**19.** If you have recommended a single room as a possible reasonable accommodation for the student, please advise of alternative accommodations that could be offered to the student based upon the student's disability. While the College is committed to providing reasonable accommodations to all students with disabilities, our single housing options are limited, and requests for single housing typically exceed the College's single housing availability.

**Please sign and date**

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Provider Signature

Date

Care providers should send the disability documentation directly to the Accessibility Services Coordinator in one of the following ways:

Mail: Accessibility Services Coordinator Academic Success Center  
1015 Philadelphia Ave  
Chambersburg, PA 17201

Fax: (717) 262-4845

Email: \_\_\_\_\_