TREASURE VALLEY
COMMUNITY COLLEGE

Medical Disability Documentation Form

Office of Disability Services
Phone: 541-881-5812 Fax: 541-881-5510

Please complete the form below. The information provided will be held in strict confidentiality. In addition, on a separate piece of paper (department's letterhead or on a prescription pad with practice name and address, professional's name, and title) please include a brief description of the student's functional limitations in an academic setting.

Patients Name: _____ Date: _____

Please list diagnosis:_____

Date of diagnosis/onset:_____

Current status of condition(s) (active, progressing, controlled, in remission): _____

_____

Is the condition permanent?_____

What exacerbates the specific condition(s) this student has?

Please indicate the recommendations you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at TVCC as justified based on the functional limitations indicated. (i.e. scribe, enlarged text, etc).

Print name and title: _____

Address _____

Daytime phone number _____

By signing below it signifies that the above information is correct and you are not related to the student by blood or marriage.

Signature:_____Date:_____