Samuel Merritt University

Medical/Physical Disability Diagnosis Verification

The student named below may be eligible for disability accommodations at Samuel Merritt University. In order to determine appropriate accommodations, Samuel Merritt University must have verification of a disability and of the resulting functional limitations. Information on this form will be used in confidence for the educational benefit of the student.

First Name | Middle Initial | Last Name | Date of Birth

Description and date of diagnosis(es):

Describe the functional limitations and severity of impact on the student in an educational setting: (*Please note that accommodations will be determined based on documented, specific functional limitations.*)

Describe any treatment, medications and important side effects from medications:

The above documented diagnosis is: □ permanent/chronic □ temporary until _____
Month/Date/Year

****

Certifying Professional;

Diagnoses must be within the professional expertise and scope of practice of the certifying professional.

Name (typed or printed) | Signature

Title | License No. | Today's Date

Address | City | State | Zip | Telephone

Please return this form to the student or fax it to 510.457.2628. Thank you. For questions, call 510.879.9233.