

LAWRENCE MEMORIAL/REGIS COLLEGE

Documentation for Disability/Medical Condition
MEDICAL PROVIDER FORM

I. Student

Name: Last First Date of Birth

Home Phone Cell Phone E-mail

Address

II. Certifying Professional

Name

Professional Title Highest Degree

Phone E-mail

Address

License/certification, number, and state:

III. Diagnosis(es): DSM #

a. Date of first diagnosis: Date of last contact regarding diagnosis:

b. Please list relevant diagnosis(es) Please attach additional page if necessary

Table with 4 columns: Diagnosis(es), Does this condition substantially limit a major life activity (yes, no, when active)?, Would you rate the disability/condition as being mild, moderate or severe?, Is the condition stable, variable, or progressive?

c. Please check the "major life activity/ies" the disability/condition impedes:

- carrying for oneself performing manual tasks seeing
hearing eating sleeping
walking standing lifting
bending speaking breathing
learning reading concentrating
thinking communicating working

Please complete page 2

d. How will the limitations of the disability/condition affect the student's ability to function? What conditions will cause the disability manifest?

e. Please describe the possible impact on academic performance and social development *if this student's requests are not met*:

f. Additional information or suggested accommodations based on findings:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2/21/13jwj

Please return to: Colleen M. Walsh, MBA, Director, Student and Alumni Services  
170 Governors Ave., Medford, MA 02155 FAX: 781 306-6142