

VERIFICATION OF PHYSICAL DISABILITY

Student Name _____ Birthdate: _____

I am requesting academic support services through the Student Disability Services (SDS) at UCSF. They require current and comprehensive documentation of my disability/medical condition as one of the criteria used to evaluate my eligibility for disability related accommodations or services. Please respond to the following questions as soon as possible and return to me or send to SDS by mail or fax. I authorize the Student Disability Services at UCSF to contact you if clarification is needed.

Student Signature _____ Date _____

Physician/ provider name (print) _____

Title _____

Phone _____ Fax _____

Organization & address _____

The area below must be completed by the Health Care Professional listed above.

1. Diagnosis(es) _____

Date of diagnosis: _____

2. Current Status of Condition(s) (e.g. Active, Progressing, Controlled, In Remission):

3. Current level of severity (choose one): Mild Moderate Severe

4. How long is this condition(s) likely to persist (be as specific as possible: e.g. lifetime, one academic year; duration of program; one month):

5. Please list procedures/assessments used to diagnose this student's condition

6. What are the functional limitations or symptoms of this condition(s)?

7. What exacerbates the specific disability(ies) this student has (please be as specific and detailed as possible)

8. How does the condition (and/or current treatment) impact the student's ability to learn or meet the demands of the university setting, clinical requirements, and/or ability to live in University housing?

9. Identify any accommodations you believe may be necessary in order for the student to participate in the University's programs, activities and services:

This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient or my review of records of a recent evaluation by a qualified healthcare provider.

Signature of Treatment Provider _____

License # _____

Date _____

Thank you for your cooperation. You may send your report to Student Disability Services via email at studentdisability@ucsf.edu. Please call (415) 476-6595 if you require additional information. Please attach any additional reports or relevant information. *All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).*