



State University of New York

Upstate Medical University

Student Support Services

155 Elizabeth Blackwell Street, Syracuse, NY 13210

Summary for Physical/Sensory Disability Documentation

I. Student

Name: Last _____ First _____ MI _____

Date of Birth _____ Phone _____

Address _____

II. Certifying Medical Professional

Name _____

Professional title _____ Degree _____

Phone _____ Email _____

Address _____

License, number, and state _____

Date of Report _____ Date of first student contact _____ Date of last student contact _____

Diagnosis (es):

In your opinion, does any condition listed above *substantially limit a major life activity* and thereby rise to the level of disability? Yes ___ No ___ Not sure ___

If yes, indicate which condition(s) with an asterisk above, and report here which major life activity(ies) is substantially limited.

Brief history (include onset of symptoms, progression to date, any trauma involved, and any previous accommodations):

Please continue to other side

Functional limitations (describe degree of impairment – mild, moderate, severe- for each):

~Please include any relevant test data with this form, as well as any additional clinical comments on letterhead~

Suggested accommodation(s) (Provide brief rationale for each suggestion):

Is the course of this condition (or set of conditions) considered:

Permanent and relatively stable ___ Permanent and variable ___ Permanent and Progressive ___ Temporary ___

~If temporary, please indicate estimated time of impairment/disability _____

~If variable, please characterize the expected fluctuations

Does this student take medication or undergo treatment that may adversely affect performance or behavior?

Yes ___ No ___

If "yes," please describe:

How often should this student be re-evaluated? 6 mos ___ 1yr ___ 2yrs ___ Other _____

In your opinion, does this student represent a potential danger to self or others, including patients under his or her care in a medical setting? Yes ___ No ___ Not sure ___

(Please explain a "no" or "not sure" on letterhead.)

Signature _____ Date _____