MONTGOMERY COLLEGE

Disability Support Services

VERIFICATION OF MEDICAL DISABILITY

The Disability Support Service (DSS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to be considered eligible to receive academic accommodations, the documentation must show functional limitations that impact the individual in the academic setting.

DSS requires current and comprehensive documentation in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

A. **The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** These persons are generally trained, certified or licensed members of an appropriate medical specialty.

B. **All parts of the form must be completed as thoroughly as possible**. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. (See C. for exception)

C. **The healthcare provider should attach any reports which provide additional related information** (e.g. psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Otherwise, this form must be completed in order for students to receive services through the Disability Support Service (DSS) at Montgomery College.
Please do not provide case notes or rating scales without a narrative that explains the results.

D. **The Healthcare Provider** a**fter completing this form, or attaching appropriate documentation, as per C above, must sign it, complete the Healthcare Provider Information section on the last page and mail or fax it to the address provided in our letterhead**. The information you provide will not become part of the student's educational records, but it will be kept in the student's file at DSS, where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

If you have questions regarding this form, please contact DSS. Thank you for your assistance.

VERIFICATION OF MEDICAL DISABILITY

- **Documentation must be current (appropriate given the nature/stability of the diagnosis)**
- **This form is not acceptable documentation for Attention Deficit Disorders (ADD/ADHD), Learning Disabilities (LD), or Psychological disabilities.**

MED

STUDENT'S INFORMATION (Please Print Legibly)	
Student's Name:	☐ Mr. ☐ Ms.
Student's Date of Birth: _____ / _____ / _____	Student's Phone Number:

MEDICAL INFORMATION (Please Print Legibly)	
Specific Diagnosis:	Initial Date of Treatment: _____ / _____ / _____
Date of Last Visit: _____ / _____ / _____	Date of Next Visit: _____ / _____ / _____
The Expected Duration of the Condition/Disability ☐ Permanent ☐ Temporary - Expected Date of Recovery: _____ / _____ / _____	

Note: Should the student's condition change (for better or worse), the student must provide updated documentation so his/her accommodations can be adjusted accordingly.

1. Please check which of the major life activities listed below are affected because of the medical diagnosis. Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating	☐	☐	☐	☐
Memory	☐	☐	☐	☐
Standing	☐	☐	☐	☐
Reaching	☐	☐	☐	☐
Walking	☐	☐	☐	☐
Critical Thinking	☐	☐	☐	☐
Writing	☐	☐	☐	☐
Fine Motor Skills	☐	☐	☐	☐
Sitting	☐	☐	☐	☐
Attending Class Regularly	☐	☐	☐	☐
Climbing	☐	☐	☐	☐
Bending	☐	☐	☐	☐
Organization/Executive Functioning	☐	☐	☐	☐
Following Directions	☐	☐	☐	☐
Putting Thoughts Into Words	☐	☐	☐	☐
Carrying Objects	☐	☐	☐	☐

Student's Name_____

2. Please indicate recommended academic accommodations based on medical necessity (e.g. note takers, extended time for tests, large print etc.)

3. Does the student take any medications? If so, please list the quantity and frequency?

1. _____ 2. _____

3. _____ 4. _____

4. What potential side effects are associtated with the medication(s) listed above?

HEALTH PROVIDER INFORMATION
Please sign & date below and completely fill in all other fields using PRINT or TYPE.
(Please use office stamp.)

Provider Signature:	Provider Name (PRINT):	Date:
Title:	License or Certification#:	
Address:		
Phone Number:	Fax Number:	

Please send this information to DSS using one of the below options:

☐**Email:**	☐**Fax:**	☐**US Mail:**
dss@montgomerycollege.edu	240-567-5097	Montgomery College Disability Support Services 51 Mannakee Street, SV 305 Rockville, MD 20850

Adapted From University of Maryland Medical Disability Verification