



OFFICE OF SPECIALIZED SERVICES

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**MEDICAL IMPAIRMENT
DOCUMENTATION FORM**

Student's Name: _____

The student named above is applying for disability accommodations and/or services through the Office of Specialized Services (OSS) at Ramapo College. In order to determine eligibility, a qualified professional must certify that the student has been diagnosed with a medical condition and provide evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis of a medical condition in and of itself does not substantiate a disability. In others words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. This documentation form was developed as an alternative to a traditional diagnostic report. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the OSS website (www.ramapo.edu/students/oss/documentation.html) in order to view documentation guidelines. OSS expects the following in regard to this documentation form:

- The form will be completed with as much detail as possible as a partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of a medical condition was derived through a formal assessment.
- The assessment information must be current.
- The form is being completed by an appropriate medical professional.
- The professional completing the form is not a family member of the student or has a personal or business relationship with the student.

What is the student's diagnosis? _____

How long has the student had this diagnosis/condition? _____

What is the severity of the condition? ___ Mild ___ Moderate ___ Severe
Explain the severity indicated above: _____

What is the expected duration? ___ Chronic ___ Episodic ___ Short-term
Explain the duration indicated above: _____

What is the student's prognosis regarding this condition: _____

Date of first contact with student: _____ Date of last contact with student: _____

Provide information regarding the student's current presenting concerns (be specific): _____

Provide information regarding the student's current symptoms: _____

List the student's current medication(s), including dosage, frequency, and adverse side effects (if applicable for the above-mentioned diagnosis): _____

Are there significant limitations to the student's functioning directly related to the prescribed medications? Yes No

If yes, explain: _____

Provide information regarding the impact, if any, of the condition on a specific major life activity (e.g., learning, eating, walking, interacting with others, etc.): _____

State the student's functional limitations from the condition specifically in a classroom or educational setting (e.g., can the student remain seated for long periods, able to maintain focus, regularly attend class): _____

State specific recommendations regarding academic adjustments, housing accommodations, auxiliary aids, and/or services for this student, and the reason these academic adjustments, housing accommodations, auxiliary aids, and/or services are warranted based upon the student's functional limitations (e.g., if a note-taker is suggested, state the reasons for this request related to the student's condition): _____

If current treatments (e.g., medications) are successful, state the reasons the above academic adjustments, housing accommodations, auxiliary aids, and/or services are necessary?

Certifying Professional

| | |
|--|---|
| _____ Name and Title | _____ Type of License or Certification |
| _____ Company/Office/Institution Affiliation Name | |
| _____ Address | _____ Phone # |
| _____ City, State, Zip | _____ Fax # |
| _____ Signature of Certifying Professional | _____ Date |

Please Return To:
Office of Specialized Services
Ramapo College of New Jersey
505 Ramapo Valley Road
Mahwah, NJ 07430

DOCUMENTATION RETENTION - All submitted materials will be held in OSS as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational records. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for only two years after a student has stopped attending the college.