

Documentation Form: Medical Impairments

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 provided 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 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 traditional diagnostic reports. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the OSS website (www.ramapo.edu/oss/documentation-requirements/) in order to view documentation guidelines. OSS expects the following in regards to this documentation form:

- The form will be completed with as much detail as possible as partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of 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:

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), 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?
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.).

In the event of an on campus emergency requiring evacuation (e.g. fire drill, bomb threat), will this student need assistance?

Yes

No

If **Yes**, please explain:

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

