



Center for Academic Enrichment
801 National Road West
Richmond, IN 47374
TEL: 765 983-1341
FAX: 765 973-2120

WEB: <http://earlham.edu/~sas/support>

CERTIFICATION OF MEDICAL or PHYSICAL DISABILITY

The student named below has applied for disability status and accommodations from Earlham College. In order to determine eligibility and to provide accommodations, we require current documentation of the student's diagnosis and level of impairment. For documentation to be considered current, the date of the last appointment should be **within the past 12 months**.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability limits one or more major life activities. A diagnosis of a medical/physical condition in and of itself does not automatically qualify an individual for accommodations; documentation from a qualified professional must support the request for accommodations.

The information you provide will be kept confidential as required or permitted by law and become part of the student's educational record held in the Center for Academic Enrichment (CAE). In addition to the requested information, please attach any information you believe is relevant to the student's request for disability accommodation. Please be aware that disability documentation will be released to the student at her/his request.

You may mail or fax the completed form to CAE using the information above. Please contact us if you have any questions or concerns. Thank you for your assistance.

Student's Name: _____ Date of Birth: _____

Today's Date: _____ Date of Last Appointment: _____

Date of Diagnosis (below): _____

Diagnosis:

ICD-9 Code: _____

1. Please describe clinical evidence of medical/physical condition, i.e. physical findings, e-rays, lab tests, etc:

2. Please describe the functional limitation(s) that is a result of the medical/physical condition.

3. Please check which of the life activities listed below are affected by the medical/physical condition. Indicate the level of limitation.

LIFE ACTIVITY	NO IMPACT	MODERATE IMPACT	SUBSTANTIAL IMPACT	DON'T KNOW
Eating				
Sleeping				
Social Interactions				
Caring for one's self				
Learning: Managing internal distractions				
Learning: Managing external distractions				
Learning: Concentrating				
Learning: Memory				
Other				

4. What medication is the student currently taking? How effective is the medication? How might side-effects, if any, affect the student's academic performance?
