ACADEMIC SUPPORT OFFICE
Documentation Request for Medical Condition

I, *(print name)*_____, am requesting accommodations from Reinhardt University, Academic Support Office for a medical condition/disability. Appropriate accommodations are based on the nature of the disability and the academic environment. Please provide the information below.

Date :_____Student Signature:_____ ID#:_____

1. **Primary Diagnosis:**_____

2. **Secondary Diagnosis:**_____

Date of onset: _____Date of last visit: _____Frequency of office visits:_____

3. Describe the **functional/physical** limitations that affect this student's ability to conduct major life activities.
_____
_____
_____
_____

4. Describe any functional limitations in this student's **cognitive abilities** due to the medical condition. Also provide any recommended compensatory strategies.

Limitation: **Recommendation:**
_____   _____
_____   _____
_____   _____

5. Describe frequency of episodes if known.
_____
_____

6. Medication prescribed and expected side effects that can interfere with cognition and performance in an academic environment.
Medication: **Side Effects:**
_____   _____
_____   _____
_____   _____

(Please print)
Provider name: _____ Title: _____ License #: _____
Address:
_____

Phone: _____ Fax:_____

Provider Signature: _____ Date: _____

ASO Phone #:7707205567 Fax: 7707205602