Gettysburg College
Documentation for Physical and Health Related Conditions
(To be completed by a Licensed Healthcare Provider)

A disability is defined under the Americans with Disabilities Act as “A physical or mental impairment that substantially limits one or more major life activities.”

A student with a physical or health related condition that is requesting accommodation(s) is required to provide documentation from an appropriate licensed healthcare professional to support academic and/or non-academic accommodation. The student requesting accommodation must submit this form that has been completed and signed by their healthcare provider with a demonstrated area of specialization in the diagnosis and treatment of the condition diagnosed.

I. Student: To be completed by student
   
   Name: ____________________________ First___________________ M__________________
   
   Date of Birth: ____ / ____ / ________ Student ID # ______________________
   
   FR / SOPH / JR / SR (CIRCLE If Known)

II. Medical Condition Information: To be completed by Healthcare Professional

1. Type of physical or medical condition requiring accommodation: *If the diagnosis is ADD/ADHD, then the ADD/ADHD/Psychiatric/Neurological Form needs to be completed.

   ____________________________________________________________
   
   ICD 10 code(s) _________________________________________________________________

2. Date of original diagnosis: _________ Date of last evaluation for this diagnosis: __________

3. Diagnostic testing used to support the diagnosis and requested accommodation/dates performed: ________________________________________________________________

   ________________________________________________________________
   
   ________________________________________________________________

4. Current and past treatment: ________________________________________________

   ________________________________________________________________
   
   ________________________________________________________________

   Current and past accommodations: ______________________________________________

   ________________________________________________________________

   ________________________________________________________________
III. Statement of Medical and/or Health-Related Condition:

1. In your opinion, does the student’s medical condition(s) **substantially limit a major life activity** and thereby rise to the level of disability?  ___ Yes   ___ No

2. Describe functional limitations that may warrant academic and/or non-academic accommodations: *(assess degree of each limitation as mild, moderate, severe)*

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. Describe accommodations requested: *(specify how the accommodation is related to the medical diagnosis)*

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. Duration of accommodation(s):
   Temporary/short termed ___Yes ___ No   End date *(if yes) ___ / ___ / _______
   Long termed ___ Yes ___ No   End date *(if yes) ___ / ___ / _______

5. Other comments / recommendations:  ___________________________________________
______________________________________________________________________________
______________________________________________________________________________

IV. Licensed Healthcare Provider

   Name (Print): ____________________________ License #: __________________________
   Address: ____________________________________________________________
   Office Phone #: __________________________ Fax #: __________________________
   __________________________________________________________   ___ / ___ / _______
   Signature __________________________ Date __________________________

Submit to:
Gettysburg College Office of Academic Advising
300 North Washington Street
Campus Box 414
Gettysburg, PA. 17325
Office: 717-337-6579 Fax: 717-337-6245
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