



The University of North Carolina at Charlotte  
9201 University City Boulevard  
Charlotte, N.C. 28223-0001

Disability Services/Fretwell 230  
Voice/TDD 704/687-4355  
FAX 704/687-3226

**MEDICAL DISABILITIES-** To determine eligibility for Disability Services and ensure provision of appropriate and reasonable accommodations the University of North Carolina at Charlotte requires students to provide current, comprehensive documentation of disability. Comprehensive documentation that includes the onset of the disorder, history of symptoms, severity, limitations to functional activities, and current treatment regime must be completed by the student's diagnosing or treating physician. The Americans with Disabilities Act defines a disability as a physical or mental impairment that *substantially* limits one or more major life activities. To properly evaluate eligibility and identify appropriate services this form must be fully completed by physician. Thank you for your assistance.

\*\*\*\*\*

The **Student** should complete the following release:  
**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize the release of the following information to Office of Disability Services- University of North Carolina at Charlotte to be used to determine my eligibility for academic accommodations.

\_\_\_\_\_  
**(Student's signature)**

\_\_\_\_\_  
**(Student ID #)**  
\*\*\*\*\*

\_\_\_\_\_  
**(Date)**

The student's treating **Medical Doctor** should complete the following:

**1. DISABILITY VERIFICATION**

Primary Diagnosis: \_\_\_\_\_

**2. Does this disorder substantially limit the student? YES NO**

*The legal definition of a disability is a physical or mental condition that can substantially limit a major life activity including but not limited to sight, mobility, hearing, and learning.*

**3. List major life activities that are limited:** \_\_\_\_\_

**4. Date of last office visit:** \_\_\_\_\_

**5. Date of original diagnosis:** \_\_\_\_\_

**6. Describe the symptoms of the medical condition exhibited by student:**

**7. What is the expected time duration of this condition?** \_\_\_\_\_

**8. Identify how this diagnosis may affect this student in an academic environment:**

9. What accommodations do you recommend to support this student in an academic setting (i.e., extended test time, adjustable table or chair, limited mobility, etc.)?

\_\_\_\_\_  
(Functional Limitation) (Reasonable Accommodation)

\_\_\_\_\_  
(Functional Limitation) (Reasonable Accommodation)

\_\_\_\_\_  
(Functional Limitation) (Reasonable Accommodation)

10. List current medication, dosage and frequency:

\_\_\_\_\_  
\_\_\_\_\_

11. Identify how the medication might adversely impact the student in an academic setting:

\_\_\_\_\_  
\_\_\_\_\_

12. Secondary Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

*If accommodations for a secondary diagnosis are sought, additional documentation will be needed*

13. Please provide any additional information that would be helpful in providing support to the student: \_\_\_\_\_

\_\_\_\_\_

\*\*\*DOCUMENTATION COMPLETED BY ANYONE OTHER THAN THE TREATING PROFESSIONAL WILL NOT BE ACCEPTED\*\*\*

14. Printed Name and Credentials of Treating Professional: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your business card and submit the documentation to:  
Office of Disability Services  
**University of North Carolina at Charlotte**  
9201 University City Boulevard, Fretwell 230 Charlotte, NC 28223-0001

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