



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

PHYSICAL 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. Specify the functional impairments experienced by this student and the recommended accommodations:

(Functional Limitation/Lower Extremities- e.g., feet, legs) (Reasonable Accommodation)

(Functional Limitation/Trunk- e.g., hips, waist, back) (Reasonable Accommodation)

(Functional Limitation/Upper body- e.g., chest, shoulders) (Reasonable Accommodation)

(Functional Limitation/Upper Extremities- e.g., arms, hands) (Reasonable Accommodation)

(Functional Limitation/Other) (Reasonable Accommodation)

4. Date of last office visit: _____

5. Date of original diagnosis: _____

6. Is a Personal Care Attendant necessary for daily living activities? **Yes** **No**
(Please refer to information at: <http://www.ds.uncc.edu/StudentServices/PersonalCareAttendant.htm>)

7. What is the expected time duration of this condition? _____

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

9. List current medication, dosage and frequency:

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

11. Secondary Diagnosis: _____

Date of Diagnosis: _____
If accommodations for a secondary diagnosis are sought, additional documentation will be needed

12. 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

13. 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 accompanying documentation* to:

Office of Disability Services
University of North Carolina at Charlotte
9201 University City Boulevard, Fretwell 230 Charlotte, NC 28223-0001

** Please complete the Vision Addendum for diagnoses that affect the student's vision.**
** Please complete the Hearing addendum for diagnoses that affect the student's hearing.**
Refer to the following web site: <http://www.ds.uncc.edu/StudentServices/DocumentationForms.htm>

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