

# Physical or Medical Conditions

**Please TYPE OR PRINT to complete this form.**

The student, whose name and signature appear below, has requested disability related services based on the diagnosis of a physical or medical condition. The student is requesting that the following information be provided by a licensed professional trained in the area of medical or physical conditions. Please complete and return this form, and/or send copies of diagnostic evaluations and progress reports (containing the requested information), to the name and address listed above. **This form should only be completed by the diagnosing clinician.** Each section must be completed to be accepted. Please consider this signed consent as authorization to release this information to the Office of Disability Services at Saginaw Valley State University.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Please note: Information provided is considered in determining appropriate disability related academic accommodations and resources. **Please TYPE OR PRINT to complete this form.**

**Diagnosis** \_\_\_\_\_ **DSM Diagnosis Code:** \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ Date of last contact with student \_\_\_\_\_ Date of initial contact \_\_\_\_\_

How long do you expect this condition to last: \_\_\_\_\_ Explain: \_\_\_\_\_

Describe the Functional Limitations (Physical abilities/limitations of condition): \_\_\_\_\_  
\_\_\_\_\_

List of Medication(s)/Assistance (dosage, side effects, treatment plan): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggested Accommodations or Services for classroom or dorm living (*we are not able to provide any personal services*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Credentials:**

Signature of Certifying Professional: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

License/Certification Number & State of Licensure: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**(Please note, form will be return if not legible! Please TYPE OR PRINT to complete this form.)**