

Medical Documentation Form



Office of Disability Services
Brescia University
717 Frederica Street
Owensboro, KY
Email: disability.services@brescia.edu
Phone: (270)-686-4206

Student Information: (to be completed by the student)

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Student ID: _____

I hereby authorize _____ to release/discuss the information below.
Signature of Student: _____ Date: _____

The Office of Disability Services at Brescia University facilitates and assists students with documented disabilities, as defined by the ADA, to receive reasonable accommodations. Accommodations are determined on an individual basis based on a review of the submitted documentation from a medical professional and any information gathered from the student. If the submitted documentation does not support the requested accommodations, additional documentation may be needed.

Diagnostic Information: (to be completed a medical practitioner)

Please specify the specific diagnosis(es) and the severity (if applicable):

If this is a temporary disability, please check here:

Approximate length of time:

Date of Diagnosis:

Date of last contact with student:

Please describe any major activities impacted by the disability or symptoms that may need to be addressed in the college environment, and any specific recommendations for accommodations:

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Any additional information you may want to provide:

Please note, recommendations will be considered in the interactive process, however final decisions regarding accommodations will be determined by Brescia University Staff.

Healthcare Provider Information:

I attest to the accuracy of the information contained in this document. Additionally, I understand that the information provided in this document will become a part of the student's record subject to the Family Educational Rights and Privacy Act (FERPA) of 1974, and may be released to the student upon written request.

Provider Name:

Date:

Provider Signature:

Title:

License or Certification #:

National Provider Identifier:

Address:

City:

State:

Zip:

Phone:

Email:

This form may be sent as an email attachment to disability.services@brescia.edu for quick implementation.

This form may be sent via fax to the attention of Disability Services to (270)-684-2507.

The form may also be mailed via postal service to:

Office of Disability Services
Brescia University
717 Frederica Street
Owensboro, KY 42303

Forms mailed via postal services may delay the implementation of student accommodations, and is not recommended.