Disability/Medical Condition Attestation Form

Dear Licensed Medical Professional, your client has been accepted to Lawrence Memorial/Regis College and has requested LMRC provide learning accommodations based on a diagnosis of a disability/medical condition. Please complete this form on their behalf, as federal law requires this documentation so LMRC can confirm their eligibility for services. Thank you.

About your client

Last Name ________________________First________________________ Date of Birth _______________

Home Phone _______________________ Cell Phone____________________ E-mail _____________________

Address____

About you

Name (please print) ____

Professional Title __________________________________Highest Degree_____________________________

Phone____ E-mail_____________________________________

Address____

License/certification, number, and state: ____

About your client's diagnosis/medical condition

Diagnosis(es): ____ **DSM #** ________________

Date of first diagnosis: ____________ Date of last contact regarding diagnosis: __________________

Please list relevant diagnosis(es) Please attach additional page if necessary.

Diagnosis(es)	Does this condition substantially limit a major life activity (yes, no, when active)?	Would you rate the disability/condition as being mild, moderate or severe?	Is the condition stable, variable, or progressive?

Please check the "major life activity/ies" the disability/condition impedes.

☐ Caring for oneself	☐ Lifting	☐ Communicating	☐ Performing manual tasks
☐ Hearing	☐ Speaking	☐ Seeing	☐ Working
☐ Walking	☐ Thinking	☐ Sleeping	☐ Breathing
☐ Bending	☐ Reading	☐ Concentrating	☐ Eating
☐ Standing	☐ Learning		

How will the limitations of the disability/condition affect the student's ability to function? What conditions will cause the disability manifest?

Please describe the possible impact on academic performance and social development *if this student's request for learning accommodation is not met.*

Please share with us any additional information about your client that may help us determine eligibility and/or identify the ideal learning accommodation(s) for them.

Please sign and date

Your signature: ____ Today's date ____________

Please return this completed form directly to your client or send to:

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