

DISABILITY DOCUMENTATION FORM: BRAIN INJURY

The office of Disability Support Resources (DSR) strives to enshare qualified persons ith chronic health conditionare accommodated if possible, that heir accommodations not jeopardize successful therapeutiin terventions. The office does modify requirements that are essentiated the program of instruction or provide accommodation persons whose impairments do not substantially limit one more majorlife function.

\$ Q G UUth We'rsity is required beetion 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective auxiliar ids and services for qualified students with documented disabilities such accommodation are needed to provide quitable access to the University's programs and services. Federal law defines a disability as "a physical or mental impairment that substantially limits one or reomajorlife activities." Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking athing, learning, working, otaking care of oneself. It is importation note that a chronic health condition in and of itself does not necessarily on stitute a disability. The degree of impairment must be significant enough to "substantially limit he or more major life activities."

This form is designed tallow us to achieve these goals. Personation wish to receive accommodations dute achronichealth condition need to hathers form filled out by a certified physician. The physician completing this form must have first-hand knowled the person's condition, must have experience agnosing and teating condition, and will be an impartial professional who is not related to the patient. NOTE: 7 K L V I orm may be consisted as documentation for Assistance Animals. Please completed blanks on this document. If any information is left unanswered, the screen the patient of the p

The Americans with Disabilities Act (ADA) fires disability as "a physical or menta impairment that substantially mits one or more major lifectivities, a record of such impairment, or being regarded as having such impairment." Disabilities involve substatial limitations and are distinct from common conditions of substantially imiting major life activities.

Client	Inform	ation:

Client Name:	Last,	First,	Middle Initial
Date of Birth:			
& O L 6HVQ XVG	SHQW ,'#	:	
Certifying Profes	ssional's Prin	ted Name:	
Credentials/Spec	cialization:		
License Type:			
License #:		State Exp. Da	ate
Mailing Address	ı:		
City/State/Zip:_			
Phone: ()		Fax: ()	
Email:			
Office web address		·	
	(D)		
•	(P i		
Date of onset:		Date of diagnosi	s:

Diagnostic Tools:

Implications for Workplace or Academic/Student Life

Major Life Activity	Impacts Plastdbipto glas idiait pat pati	Recommendations for Accommodations and Services Paristo reliates indivis
Citertaio		
Līg eM ey		
Stat TetM esy		
Sþ		
Eaig		
Sib thedais		
SE - CE		
Mig InheBa istrabis		
MēgokeĐi istrebis		

Using the contact information on pa Disability Support Resources office.	ngeone, print, sign below, and faxsend directly to the
Date: BBBBBBBBB	
Certifying Professional's Sgnature:	B B B B B B
Signature denotes: content accuracy, adherence	e professionalstandards and guidelines on page 1