Medical Verification of Physical Impairment
(Mobility, Blind/Visual or Deaf/Hard of Hearing Impairment, and Chronic Health or Medical Disorder)

Physician’s Statement

The University of Indianapolis student named above is requesting accommodation(s) due to his/her impairment under the Americans with Disabilities Act. In order to consider this request, as well as to ensure the provision of reasonable and appropriate accommodations, the University policy requires that current and comprehensive verification be provided by a qualified professional. For specific documentation guidelines, visit http://ssd.uindy.edu/forms.php.

To facilitate the gathering of such critical information, please respond to the following questions, attach any appropriate diagnostic reports, and return to the University of Indianapolis, Services for Students with Disabilities, Schwitzer Student Center, Room 206.

Please provide the following information:

Clearly state the diagnosed disability or condition: ____________________________________________________________

Describe diagnostic criteria, evaluation methods, tests and dates of administration (e.g., physical findings, x-rays, lab tests):

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Describe the current functional limitations resulting from the disability or condition (i.e., provide a clear sense of the severity or frequency of how the condition will impact the educational/residential setting):

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Today’s Date: __________________________________________________________________________________

Student Name: __________________________________________________________________________________

Home Address: __________________________________________________________________________________

Telephone: ______________________________________________________________________________________

Services for Students with Disabilities
1400 East Hanna Avenue
Schwitzer #206
Indianapolis, Indiana 46227-3697
(317) 788-6153  Fax: (317) 788-6117
Describe restrictions, if any: ________________________________________________________________

Expected date restrictions will be lifted, if any: ______________________________________________

Describe what, if any, accommodations would be reasonable and appropriate. These recommendations should logically relate and support the functional limitations in a classroom or residential setting.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Is there any other diagnosis that we need to be aware of: __________________________________________

Professional’s Signature: __________________________________________ Date: ______________________

Printed Name and Title: __________________________________________________________

Address: ____________________________________________________________

Daytime Telephone Number: ____________________________________________

Return this verification form and attach necessary copies, marked Confidential, to:
University of Indianapolis
Services for Students with Disabilities
1400 East Hanna Avenue
Schwitzer #206
Indianapolis, IN 46227-3697

Services for Students with Disabilities (SSD) will use the information on this form to determine the student’s eligibility for disability support services. SSD is committed to ensuring that all information and communication pertaining to a student’s disability is kept confidential as required by law.