

Medical Disability Documentation Form

To be completed by a certified medical professional

In accordance with the Americans with Disabilities Act (ADA) of 1990 as amended, Section 504 of the Rehabilitation Act of 1973 (Section 504), and the New Jersey Law Against Discrimination, Princeton University provides reasonable accommodations to students with disabilities. In order to do so, students should submit all accommodation requests to the Office of Disability Services (ODS). Students requesting accommodations should review the guidance provided by ODS for documentation, but generally must submit documentation that clearly demonstrates that (1) the student has a physical or mental impairment, and (2) the impairment prevents the normal exercise of any bodily or mental functions (or can be shown to exist through accepted clinical or laboratory diagnostic tests), as compared to most people in the general population. A diagnosis of a disorder, or submission of an evaluation, does not automatically qualify an individual for accommodations. Appropriate documentation must be provided by a qualified professional, meet currency requirements, include diagnosis information as well as information about the functional limitations caused by the impairment, and support the request of specific accommodations. In some cases, the ODS evaluation may include review of documentation by an internal or external consultant engaged by Princeton. Accommodations are determined through an interactive process that includes an intake interview.

This document requests information necessary to determine the impact of a medical disability on the student's ability to participate in the University's educational programs and to validate the need for accommodation(s). In instances where there are multiple diagnoses, including learning disabilities, ADHD or psychological disabilities, evaluators should consult the [ODS website](#) for documentation requirements for those disabilities. A treating certified medical professional should complete this form or provide equivalent information on professional letterhead.

Please complete the form below and return to:

Office of Disability Services

Princeton University
33 Frist Campus Center
Room 241
Princeton, NJ 08544

OR

E-mail: ods@princeton.edu

OR

Fax: 609-258-1621

When completing this form, you may use additional paper to complete your responses, if needed.



Student Information

First name MI Last name

Enrollment status (choose all that apply):

- Current undergraduate student Matriculating undergraduate
 Current graduate student Matriculating graduate
 Admitted but undecided Returning from a leave

Princeton class year

Diagnoses

Diagnosis	Diagnosis date	Date of onset
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Symptom and treatment history



Current Treatment

Is the student currently in treatment with you?

Yes No

Name of additional treating professional if known.

If yes, what is the visit frequency?

Total visits

If known, what is the visit frequency?

Current symptoms (Indicate severity: substantial (S) moderate (M) mild (MI) remission (R))

Current treatment plan

Prognosis (Please give anticipated progression, duration, stability)

Currently prescribed medications	Side effects impacting student



Functional Impact

Please indicate the functional area (i.e. concentration, walking, prolonged sitting, etc.) and level of impact on the ability to complete coursework or other academic program requirements or impact on daily activities outside of the classroom:

Functional Area(s)	Substantial	Moderate	Mild	None	Don't Know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details on the functional impact, especially those ranked as substantial (please use additional paper for more information on the functional impact or additional comments).



Functional Impact

Please provide recommendations for accommodations to support the student and include the rationale for those recommendations. Please use additional paper for more information.

Certifying Professional

Name	Specialty
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email address	License
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address	
<input style="width: 95%;" type="text"/>	
Phone number	Fax number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

I certify that the student named above has given me permission to release all information contained on this form for the purpose of considering eligibility for accommodations, modification or adjustments based on disability.

Signature:	Date: (mm/dd/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>



Additional Information/Comments

A large, empty rectangular box with a thin black border, intended for providing additional information or comments.