DOCUMENTATION OF MEDICAL OR MOBILITY IMPAIRMENT

University of California Davis • Student Disability Center

In order for the University of California, Davis to provide disability-related services, we need to establish that this student has a disability under California law, which defines a disability as an impairment that limits a major life activity. This form is designed to help us make that determination.

PLEASE PRINT OR TYPE YOUR RESPONSES TO THE FOLLOWING QUESTIONS

Student Name _____ (Last / First / M.I.) Medical Record # _____

UCD Student ID # _____ Birth Date _____

Certifying Professional _____ Specialty/License _____

Address _____ Phone _____

_____ Fax _____

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1. Date of last appointment with this individual:

2. Clearly describe this individual's medical or mobility impairment:

3. Summarize the assessment procedures and evaluation instruments used to diagnose the impairment:

4. Specify functional limitations related to the condition(s), i.e., length of time able to write, keyboard, walk…, before needing a break and how long breaks should last before resuming activity:

5. Provide a description of treatment(s) with anticipated effectiveness in minimizing the impact of the impairment:

6. List medication side effects (if applicable):

7. Indicate the prognosis with anticipated duration of limitations and impairment:

Authorizing Signature _____ Date _____

Return To: Russ Zochowski, Disability Specialist
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