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DISABILITY VERIFICATION FORM  
FOR STUDENTS WITH PHYSICAL AND/OR  
CHRONIC MEDICAL DISABILITY

Accessibility Services

3501 University Boulevard, East Largo, Suite 2441, Adelphi, MD 20783

Main line: 240-684-2287 Fax: 240-684-2590

To be completed by diagnosing physician:

The following student \_\_\_\_\_ has asked to register with Accessibility Services (AS)  
University of Maryland Global Campus (



1. **Provide a brief history of the patient's medical history.**

2. Level of severity (circle one):    mild            moderate            severe

Date of diagnosis: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Approximate date of onset of symptoms: \_\_\_\_\_

3. Describe symptoms that meet the criteria for this diagnosis (also attach diagnostic report):

4. Is the student currently on medication? \_\_\_\_\_ List all the current medications prescribed. Please include possible side effects that impact academic performance and attendance.





7. Y lni'vj g'hwpev'kpcn'fko lsc'v'kpu'f'c'u'w'htq 'vj g'f w'c'v'kq'q'h'vj g'hwf'gp'w'v'b c'v'k'w'c'v'kq'p't'v'WO GC?  
\_\_\_\_\_Yes; \_\_\_\_\_No

8. If functional limitations fluctuate, how frequently does the student experience flare-ups within the past 12 months or since onset of diagnosis?

9. If student is undergoing treatment, please describe how treatment (e.g., frequency of v'g'c'w'gp'w'u'w'f'g'hw'v'q'h'v'v'g'c'w'gp'w'u'g'w'e'0'b c{'l'h'g'v'w'w'f'gp'w'u'c'c'f'g'o'k'e'f'g'ht'o'c'p'eg't'p'f'' attendance.

10. Do you have any recommendations regarding effective academic accommodations for the student while attending UMGC?

11. In addition to the diagnostic report, please attach any other information relevant to this w'w'f'gp'w'u'c'c'f'g'o'k'e'w'w'c'v'kq'p't'v'WO GC (e.g., sleep studies, eye exams, audiograms, etc.)



CERTIFYING PROFESSIONAL:

Printed Name and Title: \_\_\_\_\_

Signature/Professional Stamp \_\_\_\_\_

Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Number of years working with adult college students: \_\_\_\_\_