

Medical Documentation for Accessibility Services

Student Name: _____ Birthdate: _____

Student Number: _____

I am requesting disability support services through the Access Resource Centre (ARC) at the University of Northern British Columbia. The ARC requires current and comprehensive documentation of my disability/medical condition as one of the criteria used to evaluate my eligibility for disability-related accommodations or services. Please respond to the following questions as soon as possible and return to me or send to ARC by fax (250-960-5775). I authorize ARC to contact you if clarification is needed.

Student Signature: _____ Date: _____

Name of Qualified Medical Assessor:		Registration No:
Specialty of Qualified Medical Assessor:		Medical Office Stamp
Signature:		
Date:		
Telephone No: ()	Facsimile No: ()	

The following area must be completed by the health care professional listed on this page. Please be as specific as possible.

Optional: The student's diagnosis/diagnoses is/can be included below. While students are not required to provide formal diagnosis to receive services, having this information enables the ARC to provide the best possible service.

I confirm the student has been diagnosed with a DSM-5 psychiatric condition(s): Yes No

Diagnosis(es): _____

I confirm the student has been diagnosed with a medical condition(s): Yes No

Diagnosis(es): _____

Current status of condition(s):

- Permanent
- Persistent/Prolonged (has lasted or is expected to last for a period of at least 12 months)
- Temporary, with expected end date of _____

Disability Impact on Daily Functioning (as it relates to educational setting):

Physical Functional Impact	Unknown	No Impact	Mild Impact	Moderate Impact	Severe Impact
Standing					
Sitting					
Stair Climbing					
Handwriting					
Lifting/Carrying/Reaching					
Grasping/Gripping/Dexterity					
Energy levels/fatigue					
Other:					

Cognitive and/ or Behavioral Impacts	Unknown	No Impact	Mild Impact	Moderate Impact	Severe Impact
Attention and Concentration					
Memory					
Information Processing speed					
Stress Management					
Thinking, reasoning, organizing					
Managing time					
Managing distractions					
Communication					
Regular and timely attendance					
Class/group participation					
Other:					

Additional explanation and accommodation recommendations:

Medication:

Is the person currently taking any prescription medications? Yes No

If yes, please indicate any side effects (alertness, concentration, nausea) that may affect participation in an educational environment:

Suggested Supports (must be related to permanent, prolonger/persistent/temporary disability in an educational setting):

Would this person benefit from taking a reduced course load? Yes No

Services: The person would benefit from specialized services such as tutoring, note-taking, sign language interpreting, oral interpreting, classroom captioning, alternate formats to fully participate in post-secondary studies. Please specify:

Equipment: The person would benefit from assistive technology or equipment such as a computer or laptop, digital recorder, FM system, braille reader, specialized software to fully participate in post-secondary studies. Please Specify:

Any addition comment you feel would help us in supporting this student in a university educational setting:

Thank you for taking the time to complete this form. Feel free to include additional information on your official letterhead, including copies of other applicable reports.