

**Physician's Statement of Verification
of Physical Impairment for**

Student Name _____

Home Address _____

Telephone/TDD _____ Today's Date _____

The Huntington College student named above is requesting an accommodation due to his/her physical impairment. In order to consider the accommodation request, College policy requires that current medical verification of the physical impairment be provided by the student's attending physician. In order to be considered current, the Physician's Statement must be within **6 months** of the date of the accommodation request.

Under Section 504 of the Rehabilitation Act, an individual with a disability is any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment; or,
3. Is regarded as having such an impairment, whether he/she has the impairment or not.

"Major life activities" includes caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, and working, as well as mental and emotional processes such as thinking, concentrating, and interacting with others.

Please provide the following information:

Diagnosis _____

Prognosis _____

Restrictions, if any _____

Functional nature of disability _____

Expected date restrictions will be lifted, if any _____

Describe clinical evidence of disability, i.e., physical findings, x-rays, lab tests:

Requested accommodation(s). These must be related to the diagnosis:

Physician's Signature _____

Printed Name and Title _____

Address _____

Daytime Telephone Number _____

Date _____

Return this information, marked confidential, to:

questions? Contact Kris Chafin
(260) 359-4290
kchafin@huntington.edu

Kris Chafin, Learning Center
Huntington College
2303 College Ave.
Huntington, IN 46750

Attach Copies

Note: it may be necessary to resubmit documentation for conditions not of a chronic nature.