Office of Accessibility Services

Hudson County Community College

Student Medical Documentation Form

Name	College ID
Phone	Email

The student named above is applying for disability accommodations and/or services through the Office of Accessibility Services (AS) at Hudson County Community College. In order to determine eligibility, a qualified medical professional must certify that the student has been diagnosed with a medical condition and provide evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis of a medical condition in itself does not provide proof of a disability. Information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. This documentation form was developed as an alternative to traditional diagnostic reports.

AS expects the following in regards to this documentation form:

- The form will be completed with as much detail as possible as partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of medical condition was derived through a formal assessment.
- The assessment information is current.
- The form is being completed by an appropriate medical professional.
- The professional completing the form is not a family member of the student or has a personal or business relationship with the student.

What is the student's diagnosis?

How long has the student had this diagnosis or condition?

What is the severity of the condition?

☐ Chronic ☐ Episodic ☐ Short-Term

Explain the duration indicated above.

Explain the student's prognosis regarding this condition.

Date of first contact with student.

Date of last contact with student.

Provide information regarding the student's current presenting concerns (be specific):

Provide information regarding the student's current symptoms:

List the student's current medication(s), dosage, frequency and adverse side effects (if applicable for the above-mentioned diagnosis).

Are there significant limitations to the student's functioning related to the prescribed medications? If yes, please explain:

Provide information regarding the impact, if any, of the condition on a specific major life activity (i.e. learning, eating, walking, hearing, hearing, interacting with others, etc.).

In the event of an on-campus emergency requiring evacuation (i.e. fire drill, bomb threat), will this student need assistance? ☐ Yes ☐ No

If yes, please explain:

State the student's functional limitations specifically in a classroom, educational, remote or online setting (i.e. can the student remain seated for long periods, able to maintain focus, regularly attend class, etc.).

State specific recommendations regarding academic adjustments, auxiliary aids and/or services for this student and the reason these accommodations are warranted based upon the student's functional limitations.

If current treatments (i.e. medications) are successful, state the reason the above academic adjustments, auxiliary aids and/or services are necessary.

Certifying Professional

_____	_____
Name/Title	Type of License/Certification & Number
_____	
Company/Office/Institution Affiliation Name	
_____	_____
Address	Phone Number
_____	_____
City, State, Zip Code	Fax Number
_____	_____
Signature of Certifying Professional	Date