



Resource Center for Persons with Disabilities (RCPD)
Maximizing Ability & Opportunity
Michigan State University
120 Bessey Hall
East Lansing, MI 48824-1033
(517) 884-RCPD (517) 355-1293 (TTY) (517) 432-3191 (fax)
www.rcpd.msu.edu

CHRONIC HEALTH CONDITION DOCUMENTATION

PLEASE REVIEW CAREFULLY

The individual named below has applied for services from the Resource Center for Persons with Disabilities (RCPD) at Michigan State University. Michigan State University provides academic and workplace services and accommodations to individuals with chronic health disabilities. Individuals seeking services must provide appropriate medical documentation of their condition so that the RCPD can: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

The Americans with Disabilities Act (ADA) defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.

Documentation required to verify the condition and severity, includes completion of this form or provision of equivalent information to the RCPD by a medical professional with appropriate training and credentials. Depending on the condition, the appropriate professional should be a licensed physician or other qualified licensed health professional. Any professional completing this form must have first-hand knowledge of the condition, experience in working with the individual’s chronic health condition and a familiarity with the physical, emotional and cognitive demands experienced by students and employees in an academic setting. Diagnoses and documentation of chronic health disabilities by family members, relatives or friends of the family are unacceptable. For additional information regarding documentation guidelines, refer to the **Educational Testing Services (ETS)** guidelines at www.ets.org or www.eeoc.gov.

The completed form may be mailed or faxed to the RCPD using the information above.

Student/Employee: Complete this section.

Last Name First Name Middle Initial

MSU Personal Identification Number (PID): _____

Certifying Professional: Complete this and all subsequent sections.

Today's Date: _____

Printed Name: _____

Signature: _____

Signature denotes: content accuracy, adherence to professional standards and guidelines on page 1 of this document.

License Type: _____

License Number: _____ State _____ Exp Date _____

Mailing Address: _____

City/State/Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: (_____) _____

Primary Diagnosis/Diagnoses and Date of Onset (list only those conditions that result in limitations: _____

Client's last appointment: (check one)

<Month <1 yr >1 yr

Please record the student's appointment/treatment frequency:

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Characteristics of Limiting Condition(s): (Check Appropriate Terms)

Permanent Temporary Stable

Slow Progression Rapid Progression Improving

Can the condition(s) be removed by treatment? Yes No

Can the condition(s) be reduced by treatment? Yes No

Are you providing treatment? Yes No

How long do you anticipate the condition impacting academic or workplace achievement? (Check one)

<6 mos <1 yr >1 yr

Prognosis/Recommendations (Please include significant medical conditions that require further evaluation before this individual participates in academic or work activity.)

Medication and Prescribed Aids

1. What medication and prescribed aids are currently being used in the treatment of the diagnosis/diagnoses above?

2. Is the client compliant with medication and prescribed aids as part of the treatment plan? If no, please explain:

3. Describe any medication side-effects that may adversely affect the client's academic or workplace performance:

4. Describe any other relevant aspects of this condition that may impact educational, workplace or interpersonal behavior and achievement:

5. From your medical perspective, describe possible accommodations that could facilitate academic or workplace performance:

6. Identify any functional limitations/restrictions that remain even with the treatment listed previously (Please be descriptive and specific. This information will help us better understand the client's condition):
