

Caltech Accessibility Services for Students  
Center for Student Services  
Phone: 626.395.6352 (undergraduates)/626.395.6346 (graduate students)  
Email: [cass@caltech.edu](mailto:cass@caltech.edu)

### **Medical Disability Documentation Form**

In order to provide services and evaluate requests for accommodations, CASS requires documentation of a student's disabilities.

State and Federal Law provide that individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual meets the requirements under the law, documentation must not only indicate that a specific disability exists but also that any functional limitations caused by the disability either significantly limit one or more major life activities or prevent the normal exercise of bodily or mental functions. A diagnosis of a medical condition in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

This document requests information necessary to establish the impact of the student's disability on their academic performance and to validate the need for accommodations.

The medical diagnosis information provided herein will be held confidential and will only be released with permission of the student. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

This form must be completed and signed by a medical/clinical professional and returned to CASS.

Student's Name: \_\_\_\_\_

Caltech Class: \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Date Student was Last Seen/Name of Professional: \_\_\_\_\_

1. Please provide the diagnosis/diagnoses that form the basis of student's disability?

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a) How long has student had this condition? \_\_\_\_\_

b) Provide duration or recovery period expected. \_\_\_\_\_

2. What tests, if any, were relied upon in reaching the diagnosis/es identified in question 1?

3. Please describe the current functional limitations imposed by the disability, indicate whether the impact is substantial and the predicted impact on academic performance or engagement in programs or activities.

| LIFE ACTIVITY | SUBSTANTIAL IMPACT | FUNCTIONAL LIMITATIONS | IMPACT ON ACADEMIC PERFORMANCE OR ENGAGEMENT IN PROGRAMS OR ACTIVITIES |
|---------------|--------------------|------------------------|--|
|               |                    |                        |  |
|               |                    |                        |  |
|               |                    |                        |  |
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4. What are the major symptoms of the disorder currently manifested by the student, including level of severity?

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5. If medications are prescribed, how might side-effects, if any, affect the student's academic performance?

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6. What is the current prognosis? Please give a description of the expected remission, progression or stability of impact of the condition over time.

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7. Is there anything else you think we should know about the student's disability?

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8. Please identify suggested accommodations with accompanying rationale. A link must be established between the suggested accommodations and the functional limitations of the individual that are pertinent to academic and residential settings. This information is essential for the University to evaluate requests for accommodations.

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Signed \_\_\_\_\_  
Name and Title of Medical/Clinical Professional

License #: \_\_\_\_\_ State: \_\_\_\_\_

**Please print or type**

Name/Title: \_\_\_\_\_

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

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

This information will be reviewed and accommodation decisions made in accordance with the policies of Caltech. Please return this form to the above address or fax to CASS.