University of Pittsburgh | Bradford
DISABILITY RESOURCES AND SERVICES

300 Campus Drive, Bradford, PA 16701
Phone:814-362-7609
Fax:814-362-7518
http://www.upb.pitt.edu/drs

MEDICAL DOMAIN

PATIENT INFORMATION

(Please complete the relevant information and submit to your provider for completion)

Name: ______________________ Date: ________

Last First Middle Initial

Medical Condition Requiring Accommodation:

Date of Birth: ________ People Soft Number: ________

Status (check one): ☐ Student ☐ Staff ☐ Faculty ☐ Other (explain) ________

Contact Phone Number: ________

University E-Mail Address: ________ @pitt.edu

Mailing Address:

Please identify, for your treatment provider, the accommodations you are requesting from the University of Pittsburgh.

MEDICAL DOMAIN

PROVIDER: PLEASE COMPLETE
(Please type or print legibly)

The above named individual is requesting accommodations from the University of Pittsburgh. The University of Pittsburgh, for the purposes of establishing a disability and determining reasonable accommodations, requires current information about the condition. The information submitted will be examined in an individualized case-by-case inquiry, specifically looking at the impact of the condition on this individual and within the specific context of the requested accommodations.

Name: ____ Date: ________________

License or Certification #:_______________________________

Mailing Address: ____

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Phone Number: _____________________________

1. Describe your professional credentials.

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2. Provide a diagnosis or diagnoses.

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3. Is this individual currently under your care for the above mentioned condition? ☐ Yes ☐ No

4. Establish the extent to which the medical condition currently impairs this individual. Include severity, frequency, and pervasiveness of this condition at the **present time.** Identify major life activities that are affected. (This information will be used by qualified personnel at the University of Pittsburgh to determine if the individual's requested accommodations are reasonable.)

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5. Describe how the condition is currently being treated or managed.

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6. For individuals with low vision impairments please identify best corrected visual acuity.

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7. For individuals with brain injuries, please submit comprehensive neuropsychological evaluation and/or include probable site of lesion.

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8. For individuals with hearing impairments, please submit a current audiogram.

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Signature:____ Date:______________

Please mail or fax to:
Disability Resources and Services
300 Campus Drive
Bradford, PA 16701
Fax: 814-362-7518
OR
Scan and e-mail to: mjd197@pitt.edu