

300 Campus Drive, Bradford, PA 16701

Phone:814-362-7609

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http://www.upb.pitt.edu/drs

DISABILITY RESOURCES AND SERVICES

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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