Healthcare Professional Disability Verification and Accommodation Recommendation Form

Capital University welcomes individuals with disabilities. To ensure access, and in accordance with Title III of the Americans with Disabilities Act of 1990 (ADA), ADA Amendments Act of 2008 (ADAAA), and Section 504 of the Rehabilitation Act of 1973, Capital University provides reasonable accommodations and support services to qualified individuals with disabilities.

Documentation should be provided by a licensed healthcare professional whose scope of practice permits the diagnosis of a qualified disability and whose professional relationship with the individual is sufficiently recent to reflect current impairment. The healthcare professional may include pertinent records that help convey the impact of the disability on the individual in the university setting. The healthcare professional may provide the following information by completing this form or by preparing a letter that conveys equivalent information.

Patient’s Name:_________________________ Patient’s Birthdate:_________________________

1. Describe the nature of the professional relationship with the individual (e.g., treating physician, physician, psychologist, clinical counselor, independent expert evaluator), and list the date of the most recent examination.
2. Indicate the individual's physical or mental impairment that substantially limits at least one major life activity or major bodily function (e.g., describe the diagnosis of the qualifying disability).

3. Explain the impact of the individual's disability on the university setting (e.g., indicate empirical findings that relate impairment to classroom, testing, housing, or employment conditions).³

4. Relate the individual’s impairment from a qualifying disability to the recommended accommodations or, in the case of a support animal, indicate the type of animal and state whether the individual needs the animal because it does work, provides assistance, or performs at least one task that benefits the individual because of their disability, or because the animal provides therapeutic emotional support to alleviate a symptom or an effect of the disability.

³ If the recommended accommodation only is for a support animal, then the answer to this question may be omitted.
Please include any pertinent records that may assist Accessibility Services in identifying and implementing appropriate accommodations as an enclosure or attachment.

**Healthcare Professional Information:**

First and Last name & Relevant Degree (please print): __________________________________________

Professional Specialization, Licensure, Certification: __________________________________________

Practice/Business Name: _________________________________________________________________

Mailing Address: _____________________________________________________________________

Telephone #: _________________________________________________________________________

FAX and/or Email address: _____________________________________________________________________

_______________________________ ____________________________
Signature of Healthcare Professional Date

( Electronic Signature Accepted)

**Please send this form by:**

Email: accessibilityservices@capital.edu
Fax: 614-236-6971
Mail: Accessibility Services, Capital University, 1 College and Main, Columbus, OH 43209-2394

If you have any questions, please call or email Accessibility Services.