

## ALBION COLLEGE

### Verification Form for Chronic Health Disabilities

The Learning Support Center of Albion College provides accommodations and services to students with chronic health disabilities. To determine eligibility, this office requires current comprehensive documentation to be completed by a physician familiar with the student's condition and history.

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

**Diagnosis and date of diagnosis:**

**Describe symptoms your patient displays at present and the expected duration, stability or progression of the condition.**

**List current treatments, medications (including dosage and side effects), devices or services.**

**Indicate frequency and length of absences from campus for treatment.**

**Indicate any expected issues with treatment compliance while the patient is in the college environment including plans to obtain prescription medications.**

**Describe the impact of the patient's symptoms on the following areas of college life. Please indicate the level of impaired functioning that might be expected. Issues might include fatigue, poor attention, poor memory, etc.)**

**Living Arrangements:**

**Social Life:**

**Classroom Learning:**

**Studying, reading and writing:**

**Please suggest accommodations that may assist the patient in dealing with symptoms. Indicate the relationship between the accommodation and current symptoms. Include a statement of the level of need for the accommodation.**

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**Physician's signature**

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**date**

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**Print Name and Title**

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**Address**

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**Telephone**

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**E-mail**

**Return this information to the Learning Support Center, Albion College, Albion Michigan 49224**

**Release of Information**

I, \_\_\_\_\_, hereby authorize the exchange and release of the following confidential information to the Learning Support Center of Albion College for the purpose of determining my eligibility for educational accommodation.

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Date

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Student's signature

