



## Request for Information – Documentation of a Medical or Psychological Condition

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

B-Number: \_\_\_\_\_

Berea College is committed to providing reasonable accommodations to students with disabilities. The ADA defines a disability as a “physical or mental impairment that substantially limits one or more major life activities”. Please assist us in determining whether the above-named student has a disability under the ADA, how the impairment affects the student in their current functioning and as it relates to various demands of higher education (academics, cognitive, social, emotional, physical), and what reasonable accommodation(s) might mitigate the effects of the functional limitations of the impairment.

### The following is to be completed by a licensed healthcare provider

Diagnosis (ICD-10 or DSM-5): \_\_\_\_\_

Level of Severity: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Does the impairment substantially limit one or more major life activities?    **Y**    **N**

If yes, describe the impaired major life activities: \_\_\_\_\_

Treatments, medications, required medical or assistive devices, and/or services, if any:

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Potential impact of the impairment and/or side effects:

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Presenting symptoms and/or functional limitations in the educational and/or work and/or residential setting:

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Restrictions, if any:

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Possible recommendations, based on functional limitations, for accommodations:

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**Please attach any additional information that you believe to be relevant and sign. Feel free to contact us for any questions you may have. By submitting this form, the student has given Disability & Accessibility Services permission to contact you if we have any further questions. Thank you!**

Professional's Signature: \_\_\_\_\_

Printed Name & Credentials: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this information, marked confidential to:**

Berea College, Disability & Accessibility Services

110 Lincoln Hall, CPO 2205

Berea, KY 40404

Phone: 859-985-3237

Fax: 859-985-3921

Email: [hatfieldh2@bereda.edu](mailto:hatfieldh2@bereda.edu)