



Center for Accessibility and Inclusive Education
P.O. Box 3300 * Somerville, NJ 08876
Phone: (908) 526-1200 ext. 8534
Fax (908) 526-3494
caie@raritanval.edu

Chronic Medical Disability Documentation Form

Please complete this form with as much detail as possible, as a partially completed form or limited responses may hinder the eligibility process. It is most important that you thoroughly explain any symptoms and indicate their impact on functioning. If you wish to provide additional information, please attach it to these forms.

Thank you for your assistance.

To be completed by the licensed, treating healthcare professional only

Student's name: _____

Today's date: _____

What is the student's diagnosis? _____

How long has the student has this diagnosis/condition? _____

Date of initial contact with student: _____ Date student was last seen: _____

Frequency of appointments _____

What is the severity of the condition? Mild Moderate Severe

What is the expected duration? Chronic (more than a year) Episodic Short-term (six months - one year)

Please explain severity and duration: _____

Provide information regarding the student's current symptoms and functional limitation that you feel are relevant to the academic setting

List the student's current medication(s), including dosage, frequency, and adverse side effects (if applicable):



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Are there significant limitations to the student's functioning directly related to the prescribed medications?

Yes No If yes, explain: _____

Please provide your specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for reasonable accommodations that you believe will help equalize the student's ability to access the RVCC's educational program along with rationale for each):

Additional information you believe would be helpful in determining the nature and severity of this student's disability, and any additional recommendations that may assist DS in determining appropriate accommodations:

Certifying Professional

Name and Title

Area of Specialty

License Number

State of Licensure

Address

Phone Number

City, State, Zip

Fax Number

Signature of Certifying Professional

Date

Please return to:
Center for Accessibility and Inclusive Education (CAIE)
Raritan Valley Community College
College Center C-124
Fax (908) 526-3494
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