

**EUREKA COLLEGE
DISABILITY SUPPORT SERVICES**

MEDICAL DISABILITY VERIFICATION

STUDENTS – GIVE THIS FORM TO YOUR MEDICAL DOCTOR

To ensure the provision of reasonable and appropriate services and/or accommodations for students with medical disabilities at Eureka College, a physician who is qualified to diagnose the disability must provide current and comprehensive documentation of the student's medical disability.

Please complete the following for _____ who has requested disability-related services and accommodations from the College. (Please print or type).

- 1.** Medical diagnosis: _____
- 2.** Date of diagnosis: _____
- 3.** Date of your last contact with the student: _____
- 4.** What procedures were used to diagnose the disorder? _____

Please describe the presenting symptoms of the condition:

6. Is the student currently taking medication for this condition? ___Yes ___No
If yes, what is the medication? _____
7. Please describe the impact of this condition on the student's non-academic life (e.g. housing, physical facilities,) and on academic performance so that the College can determine the specific accommodations which may be necessary:

Please attach any additional information that you believe to be relevant to the student's disability related academic needs.

Signature: _____

Print Name and Title: _____

License #: _____

Address:

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

Date: _____

Return this form one month prior to enrollment to:

Eureka College
Disability Support Services
300 E. College Ave.
Eureka, Illinois 61530

Phone: (309) 467-6520

FAX: (309) 467-6437