



Verification of a Physical Disability

The Office for Institutional Equity/Disability Services provides services and accommodations to persons with disabilities to ensure equal access to education/employment. The Americans with Disabilities Act (ADA) defines disability as (a) a physical or mental impairment that substantially limits one or more major life activities (b) a record of such impairment, or (c) being regarded as having such an impairment. Current and comprehensive disability documentation is required to assist with the provision of appropriate reasonable accommodations and auxiliary aids. To verify ADA eligibility, Disability Services requires this completed form by a certified professional. Inquiries about disability services are confidential. This form is available at www.ohiou.edu/equity/disability_services/.

Date: _____

Name: _____

Diagnosis: _____

Date of last evaluation or clinical contact: _____

Expected duration of condition _____

Detail the major life activities that are affected by this condition (e.g. walking, standing, caring for oneself): _____

Describe the functional limitation(s) caused by this condition: _____

Please provide suggestions for accommodations or auxiliary aids based on the functional limitation(s) described above.

Describe any symptoms from medication or side effects of the condition. _____

Additional information that may be useful in determining eligibility and appropriate accommodations and services.

Thank you for your cooperation.

Signature: _____	Date: _____
Print Name and Title: _____	
License Number: _____	
Address: _____	

Phone: _____	

Return this information to:

Office for Institutional Equity
Ohio University
Crewson House
Athens, OH 45701

740-593-2620 (phone) 740-593-0790 (fax) 740-593-0193 (TTY)