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)