

# Haverford College

## Access & Disability Services

### Verification and Support of Disability Form for Student's Qualified Healthcare Provider(s)

This document is to be completed by a healthcare provider who is qualified to make a diagnosis or to provide treatment for a diagnosis. If this form is completed by another individual, a redo may be requested. Please review the information at the end of this document (definition of disability and major life activities) to inform and guide your answers.

PROVIDER: Please fill out the following information for your client **(please write client's name):** \_\_\_\_\_ and attach any appropriate supplemental documentation such as an evaluation. The paperwork should be returned to the Office of Access and Disability Services, Haverford College 370 Lancaster Ave, Haverford, PA 1904, it may be emailed to [hc-ads@haverford.edu](mailto:hc-ads@haverford.edu) or e-faxed to 1(833)243-2760. Thank you for your support.

Please note, Haverford College provides reasonable accommodations to otherwise qualified students with a documented disability\* in accordance with the Americans with Disabilities Act of 1990 (ADA), the ADA Amendment Act of 2008 and Section 504 of the Rehabilitation Act of 1973. Final determination of granted accommodations will be decided by the Office of Access and Disability Services at Haverford College.

1.) Qualified Healthcare Provider's Name and Title:

Provider's specialty/qualification to make the diagnosis:

**(If you are not a qualified individual, you may need to make a referral to your client in order to provide the college with substantial documentation.)**

License or Certification Number:

Today's Date:

Address:

Telephone:

Fax:

Length of experience with the patient/client:

Date of last appointment:

- 2.) Diagnosis/es or condition/s currently being treated (please use DSM categorization and coding when applicable):

Date of diagnosis:

Date of last contact with student:

Expected duration:

- 3.) Describe the symptoms associated with the condition
- 4.) Does the condition substantially limit or impact any major life activity? If yes, please describe.
- 5.) Severity of the condition: Mild, Moderate, Severe
- 6.) List current therapies that the client is utilizing to treat their condition.
- 7.) Please explain how each functional limitation will specifically affect your client in the higher education environment.
- 8.) Please suggest reasonable accommodations for your client. Each recommendation must be supported by the diagnosis. Please discuss the rationale for each suggested accommodation relating it to a specific functional limitation and how long you recommend the accommodations remain in place.

- 9.) Please state alternatives to meet the documented need if the first request cannot be met.
- 10.) Please discuss the impact of your client's disability if the accommodation cannot be granted.
- 11.) Additional comments:

Taken from the ADA Amendment Act of 2008, this document is available at [the US EEOC / ADA Amendment Act of 2008 Website](#)

\*DEFINITION OF DISABILITY - Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102) is amended to read as follows:

“SEC. 3. **DEFINITION OF DISABILITY.**

As used in this Act: (1) **DISABILITY.**- The term ‘disability’ means, with respect to an individual-

- (A) A physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) A record of such an impairment; or
- (C) Being regarded as having such an impairment (as described in paragraph 3).”

“(2) **MAJOR LIFE ACTIVITIES.**-

(A) **IN GENERAL.**- For purposes of paragraph (1), major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.”

“(B) **MAJOR BODILY FUNCTIONS.**- For purposes of paragraph (1), a major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, respiratory, circulatory, endocrine, and reproductive functions.”

**Continued...**

Signature of Provider:

Date:

For the Office of Access and Disability Services Use Only-

Documentation is current & sufficient? Y / N

- Within 5 years for Learning Disabilities
- Within 6 months for Medical Conditions
- Within 1 year for Psychiatric Conditions