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Katrina Durham, MS
Director of Accommodation Services

Verification of Physical Disability

Student Name _____ Date of Birth _____

I am requesting support through Accommodation Services at UMass Chan Medical School. This requires current and comprehensive documentation of my diagnosis/disability as one of the criteria used to evaluate my potential eligibility for reasonable accommodations/services. I hereby authorize you to complete the following questions and return promptly to the Director of Accommodation Services. I further authorize the Director to contact the provider listed below if clarification is needed.

Student Signature _____ Date _____

Physician/Provider Name _____

Title _____

Organization and Address _____

Phone _____ email _____

THE AREA BELOW MUST BE COMPLETED BY THE PROVIDER LISTED ABOVE

1. Date of Diagnosis _____ Date last seen _____

2. ICD-10 Code _____

3. What were the assessment/evaluation procedures used to make the diagnosis? Please provide historical data that was considered in making the diagnosis.

Three horizontal lines for providing historical data.

4. A description of the current treatments and assistive devices/technologies with estimated effectiveness in ameliorating the impact of the disability.

5. Please describe the functional limitations or symptoms of this condition.

6. How long is this condition likely to persist?

7. Explain the impact of this condition on the student's ability to learn and or meet the demands of the medical school setting/clinical requirements.

8. Recommendations for potential reasonable accommodations:

Health Care Provider's Signature: _____

Date

License type/number: _____