

Medical Intake Form Disability Documentation

Section I: To Be Completed By Student

Name of Student _____

Name of Medical Professional _____

Medical Records Release

I, _____, hereby request and authorize the above-named healthcare professional to release my personal and medical information related to the requested accommodation to the Student Affairs Office and/or University Health Services for Thomas Jefferson University. I also authorize the above-named professional to verbally discuss any limitations related to my ability to participate in academic programs or related programs and services with a representative from Student Affairs or University Health Services.

Student Signature _____

Date _____

Section II: To Be Completed by Medical Professional

1. What is the name of the diagnosis/diagnoses?
2. What diagnostic criteria, evaluation methods, procedures or tests were used to reach this diagnosis?
3. How long has the student had this condition?

4. Is this condition permanent? If no, how long will it persist?

5. What are the symptoms or functional limitations of this condition?

6. Does this condition limit a major life activity? A major life activity is an activity that an average person can perform with little or no difficulty (e.g. walking, seeing, hearing, speaking, breathing, learning, sitting, and standing). If yes, specify the life activity and relate to functional limitations.

7. Please recommend accommodations below. For each accommodation provide rationale based on functional limitations.

8. Is the student currently taking medications related to the diagnosis for which accommodation is sought? If yes, list medication(s), dosage, and adverse side effects that impact the student's functioning (if any).

9. Please fill out the following information and sign below:

Name _____

Address _____

Telephone _____ Email _____

Signature _____

Date _____

Please return this form to the address below by email
(TJU_CC_AccessibilityServices@jefferson.edu) or hard copy to:

Office of Student Affairs Thomas Jefferson University Attn: Jennifer Fogerty, MEd 130
S. 9th Street, 18th Floor, Philadelphia, PA 19107

If you have any questions contact Jennifer Fogerty, MEd, Associate Provost for Student
Affairs, at 215-503-6335 or jennifer.fogerty@jefferson.edu.