



# 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?



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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).



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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](mailto:TJU_CC_AccessibilityServices@jefferson.edu)) or hard copy to:

Office of Student Affairs  
Thomas Jefferson University  
Attn: Jennifer Fogerty, MEd  
130 S. 9<sup>th</sup> Street, Room 1122  
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](mailto:jennifer.fogerty@jefferson.edu).