



WESTMONT

Documentation Form for Students with Medical Conditions

The student named below has applied for services from the Disability Services (DS) at Westmont College. In order for DS to establish whether this student has a disability and to determine eligibility for services we will need your assessment and diagnosis of this student. A disability is defined as a physical or mental impairment that limits one or more major life activities such as those delineated below. You can fax or mail the form to us at the address listed on this form. If you prefer, you can answer these questions in a signed and dated letter on your professional letterhead.

For more information on Disability Services visit our website at <https://westmont.edu/disability-services-welcome>.

Today's date: _____

Student's Name: _____

Date of Birth: _____
Month Date Year

1. What is the diagnosis/impairment?

2. What is the date of diagnosis/impairment?

3. Major Life Activities Assessment: Please use a checkmark to indicate the disability's impact, if any, on the activities listed below, and describe the impact if appropriate.

Life Activity	No impact	Moderate impact	Severe impact	Don't know	Please describe if moderate or severe impact
Walking (e.g. how far/long can student walk, use of mobility devices such as wheelchair, etc.)					
Standing (e.g., duration)					
Sitting (e.g., duration)					
Performing manual tasks (e.g., reaching, manipulating materials & lab equipment, etc.)					
Writing/Keyboarding (e.g., unable to keyboard more than 10 min., unable to handwrite, etc.)					
Speech Impairment					
Breathing					
Sleeping (or attach most recent sleep study)					
Caring for oneself (e.g., personal care, laundry, household tasks, etc.)					
Hearing (or attach most recent audiogram)					
Vision (or attach most recent eye exam)					
Learning					
Reading					
Concentrating					
Communication					
Other					
Extra comments					

4. Please describe the effect of the medical condition, including side effects and/or pain symptoms, on academic performance (e.g., concentration, reading, thinking, learning, etc.) and attendance.

5. Please list medications and possible side effects on academic performance and attendance.

6. If student is undergoing treatment, please describe how treatment (e.g., frequency of treatments, side effects of treatments, etc.) may affect student’s performance and attendance.

7. Will the functional limitations last for the duration of the student’s matriculation at Westmont College?

Yes _____ No _____

8. If functional limitations fluctuate, how frequently did the student experience flare-ups within the past 12 months or since onset of diagnosis?

9. When and/or how often should the student be evaluated? Or, if limitations are not permanent, when will the injury be resolved?

10. Please attach any relevant supporting documentation

11. Recommendations for accommodations

Certifying Medical Professional

Signature of Medical Professional

Date

Medical Professional's Name (printed)

License Number

Address

Telephone Number

City, State, ZIP

Fax

Return to:
Sheri Noble Director of Disability Services
955 La Paz Rd., Santa Barbara, CA 9310
FAX to: 805-565-7244 EMAIL to: ods@westmont.edu