ENDICOTT COLLEGE

Center For Teaching & Learning
Diane M. Halle Library Room 201
376 Hale Street
Beverly, MA 01915
TEL (978) 232-2292
Fax: (978) 232-2150

Medical Disability Update Form

If your documentation is not current, please have your Physician or diagnostic evaluator complete this form & return to the Center for Teaching and Learning, Halle Library 201. If you are unsure if this applies to you, please check with our office to make sure your documentation is current.

Student Name: _____ Student ID # _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

Major: _____ Email address: _____

Class Status (circle one) Freshman * Sophomore * Junior * Senior * Graduate Student

1. DSM or ICD diagnosis (text and code)

2. Date of diagnosis: _____/_____/_____

3. Date of last clinical contact with student: _____/_____/_____

4. Approximate duration and prognosis of disorder

5. Severity of disorder

6. Describe the student's functional limitations in an educational setting

7. In accordance with the 2008 ADA Amendments Act which amends both the Americans with Disabilities Act and the Rehabilitation Act (Section 504), please indicate what major life activity the individuals diagnosis alters (***check all that applies***). Additionally, please indicate the severity of the alteration mild, moderate, or severe?

	Major Life Activity
	Bending
	Breathing
	Caring for oneself
	Communicating
	Concentration
	Eating
	Hearing
	Learning
	Lifting
	Performing manual tasks
	Reading
	Seeing
	Sleeping
	Speaking
	Standing
	Thinking
	Walking
	Working operation of a major bodily function

8. Is this student currently on medications? If so, provide medication history:

9. Please provide your specific recommendations (based upon your assessment, the student's clinical and academic history, and prognosis) for accommodations that you believe will help equalize the student's ability to access Endicott College's educational program.

I certify, by my signature below, that the information provided above is true and accurate.

Signature _____ Date _____

Print Name and Title _____

State of Licensure: _____ License Number _____

Address _____

Phone _____ Fax _____