



Counseling and Accessibility Services
Student Center, Room 212
419 College Drive, Barnesville, GA 30204
Phone: 678-359-5585

Documentation Request-Medical

I, (print name) _____ am requesting accommodations from Gordon State College Accessibility Services for a medical condition/disability. Appropriate accommodations are based on the nature of the disability and the academic environment. Please provide the information below.

Date Student Signature GC ID # (929)

1. Primary Diagnosis: _____

Secondary Diagnosis: _____

Date of onset: _____ Date of last visit: _____

Frequency of office visits: _____

2. Describe the functional/physical limitations that affect this student's ability to conduct major life activities.

3. Describe any functional limitations in this student's cognitive abilities due to the medical condition. Also provide any recommended compensatory strategies.

<u>Limitation</u>	<u>Recommendation</u>
_____	_____
_____	_____
_____	_____
_____	_____

4. Describe frequency of episodes, if known.

5. Medication prescribed and expected side effects that can interfere with cognition and performance in an academic environment.

<u>Medication</u>	<u>Side Effects</u>
_____	_____
_____	_____
_____	_____

(Please print)

Provider Name: _____

Title: _____ License #: _____

Address: _____

Phone: _____ Fax: _____

Physicians Signature: _____ Date: _____

(*Please note, this form must be signed by the physician, not a representative from their office. Stamped signatures are not acceptable.)