## Documentation Form for Temporary Impairments
*(as the result of injury, surgery, etc.)*

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Banner ID</th>
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In order to determine eligibility for reasonable accommodations and/or determine appropriate resources relevant to a temporary impairment, the following materials are generally needed:

1. **Temporary Impairment Disclosure Form**: (to be completed by individual requesting accommodations) and
2. **This form**, prepared by a qualified professional

**THE FOLLOWING IS TO BE COMPLETED BY A QUALIFIED PROFESSIONAL/PHYSICIAN**

*Note: This form may only be completed for a temporary impairment (such as injury, surgery, etc.), and is typically not sufficient for determining accommodations and resources long term.*

1. Diagnosis/Impairment: ____________________________________________
2. Date of impairment: ____________________________________________
3. Date of most recent office visit: _________________________________
4. Describe the impact and functional limitations relevant to life activities, including academics:
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________

5. Are there treatments, medications, etc. which will adversely impact the student’s baseline function, if so, how?
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________

6. Expected duration of temporary impairment/condition: ______________
7. Anticipated date of full recovery: _________________________________
8. Recommendations (should be directly linked to the impact or functional limitations associated with the impairment):
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________

12. Organization: ___________________________________________________
13. Professionals' Signature & License #: _______________________________
14. Please attach a copy of your business card and submit this completed form to the Office of Disability Services.