

Physicians Statement of Eligibility for Disability Services

Revised 11-5-13

	Studen	t:	DOB:
1.		available relevant medical background, including a written of the land of the	<u> </u>
2.	_	opinion, do these difficulties "substantially limit" this stude g or school activities? If yes, how?	ent's ability to access and benefit from
3.		ne student need a health service accommodation to prevent n/situation in the college environment? If so, list what pred	_
	Please By:	attach any reports pertinent to the serious health needs of t Physician	this student in an educational setting.
		Date	