



*This form CANNOT be used by itself to verify a mental health condition, ADHD, brain injury, or developmental disorder. Please see our website for our Documentation Standards for these specific disabling conditions.*

**Verification of Medical Condition**

\_\_\_\_\_ has recently requested services and accommodations on the basis of having a medical condition that is interfering with his/her schooling at Cal Poly Pomona. In order to establish this student's eligibility to receive services and accommodations, we are requesting that you provide the information below. Thank you for your assistance.

- Please indicate the student's primary diagnosis (*ICD-9 preferred*).

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- When was the medical condition first diagnosed? \_\_\_\_\_

- What is your assessment of the expected course of the condition? If temporary, please indicate the expected date of recovery.

- Temporary
- Intermittent
- Chronic

Comments \_\_\_\_\_

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- Please indicate any co-existing psychological or medical problems (*if applicable*).

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- Please indicate the functional limitations resulting from the medical condition.

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- Please indicate the treatment the student is receiving for this condition (*e.g. medication, therapy*).

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- Do you have any recommendations regarding accommodations, services, or interventions that the university could provide to assist this student?

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- Do you have any other information that could assist the university in working with this student?

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_____	_____
Certifying Professional Name ( <i>Typed or Printed</i> )	License # of Certifying Professional
_____	_____
Signature	Phone Number
Date _____	

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