



Philadelphia University
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Philadelphia, PA 19144

Disability Services Office
Phone: 215-951-6830
Fax: 215-951-2770

FORM #2
Medical Documentation of Disability for Special Consideration in Residence Life
To be completed by health care provider.

Please send to Hannah Bar-Giora, Director of Disability Services.

Patient Name: _____ Date: _____

Diagnosis: _____ Date of Diagnosis: _____

Date of last office visit: _____

Level of severity: (Please Circle) Mild Moderate Severe

Medications: _____

Does medication(s) relieve symptoms? _____

Please list side affects experienced by individual as related to current medications.

- A Disability is defined under the Americans with Disabilities Act as “a physical or mental impairment which substantially limits a major life activity.”
- Examples of major life activities include walking, speaking, breathing, hearing, seeing, thinking, learning, interacting with others, concentrating, performing manual tasks, and caring for oneself.

Based on the above definition of disability, do you feel that this individual exhibits a *substantial* limitation in a major life activity(ies)? ___Yes ___No

Please list major life activities which are limited and link to functional limitations.

Major Life Activity _____ Functional Limitation _____

Major Life Activity _____ Functional Limitation _____

Major Life Activity _____ Functional Limitation _____

What is the expected duration of impairment? _____

Please discuss expected long term affects of condition. _____

How many days/months did the impairment limit major life activities during the past year?

Last hospitalization for condition _____

Last exacerbation of condition _____

What accommodations, as linked to functional limitations, are recommended to support this individual in residential living?

Functional Limitation Recommended Accommodation

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Role recommended accommodations will play in treatment plan: _____

Please provide the following personal information and attach any additional information which may be helpful in determining eligibility for accommodations. Thank you.

Print Name and Title _____

Area of Specialty _____

License # _____

Address: _____

Telephone _____ **Fax** _____

Signature _____ **Date** _____

Please note that all information is confidential and is for the use of Philadelphia University staff only.