



RANDOLPH-MACON
COLLEGE

Verification of Medical Disability
Blind/Visual Impairment, Deaf/Hearing Impairment, Mobility, or
Chronic Health Condition

Qualified Professional / Physician Statement

Office of Disability Services
P.O. Box 5005
Ashland, VA 23005
Phone: (804) 752-7343
Fax: (804) 752-3744
Email: dss@rmc.edu

Today's Date: _____

Student Name: _____

The above named student is requesting accommodation(s) due to his/her disability under the Americans with Disabilities Act. In order to consider this request, as well as to ensure the provision of reasonable and appropriate accommodations, the College requires that current and comprehensive verification be provided by a qualified professional.

To facilitate the gathering of such critical information, please respond to the following questions, attach any appropriate diagnostic reports, and return to Randolph-Macon College, Office of Disability Services.

Please provide the following information:

Clearly state the diagnosed disability or condition: _____

Date of Diagnosis: _____

Date of last contact with student: _____

Prognosis, if applicable: _____

Describe diagnostic criteria, evaluation methods, tests and dates of administration (*e.g., physical findings, x-rays, lab tests*):

Describe the current functional limitations resulting from the disability or condition (*i.e., provide a clear sense of the severity or frequency of how the condition will impact the educational/residential setting*): _____

Describe restrictions, if any: _____

Expected date restrictions will be lifted, if any: _____

Describe what, if any, accommodations would be reasonable and appropriate. These recommendations should logically relate and support the functional limitations in a classroom or residential setting.

Professional's Signature: _____ **Date:** _____

Printed Name and Title: _____

License #: _____

Address: _____

Daytime Telephone Number: () - _____

Return this verification form and any supplemental information to:

Randolph-Macon College
Higgins Academic Center
Office of Disability Services
P.O. Box 5005
Ashland, VA 23005

Phone: 804-752-7343
Fax: 804-752-3744
Email: dss@rmc.edu