



**CHRONIC MEDICAL CONDITION DOCUMENTATION GUIDELINES  
DISABILITY PROVIDER FORM**

Your patient/client has requested accommodations through the Office of Learning and Accessibility at Limestone University. The Office of Learning and Accessibility coordinates the collection and review of documentation in conjunction with the Director, of Accessible Education Services to provide reasonable accommodations for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, and with the Americans with Disabilities Act (ADA) of 1990 as amended in 2008, as well as other applicable state and federal laws.

**Student's Name** \_\_\_\_\_

**Student's Date of Birth** \_\_\_\_\_

**Date of Last Visit/Consultation** \_\_\_\_\_

A chronic medical condition is one that is medical in nature and currently impacts at least one major life activity, including learning. Often the impact of a medical disability is unpredictable and can change depending upon external stressors. Treatments for some medical conditions can often lead to side effects which can further impact upon the difficulties a person experiences. Furthermore, these impacts can be quite unpredictable with an individual experiencing periods of apparently good health and remission and periods of poor health. These conditions include but are not limited to:

- Allergies
- Asthma
- Cancer
- Cerebral Palsy
- Crohn's Disease
- Cystic Fibrosis
- Epilepsy
- Fibromyalgia
- Irritable Bowel Syndrome
- Lupus
- Migraine Headaches
- Multiple Sclerosis
- Postural Orthostatic Tachycardia Syndrome (POTS)
- Rheumatoid Arthritis
- Sickle Cell Anemia
- Spina bifida
- Ulcerative Colitis

To be considered eligible for reasonable accommodations relating to Chronic Medical Condition, the following documentation is required: current medical documentation provided by a licensed physician which has been provided **within three calendar years of the student's date of enrollment in Limestone University**. The medical evaluation must, at a minimum, contain the following information:

- A diagnostic statement of a specific disability including how the manifestations of which currently affect academic performance.

- Recommendations for reasonable accommodations specific to the disability and a rationale and its effect on the student's academic performance in the postsecondary educational setting.

**NOTE to PROVIDERS:** Please submit this completed form along with any related documentation. Complete documentation is important. Inadequate information, incomplete answers and /or illegible handwriting may delay the eligibility review process for students.

1. Diagnosis (Include date of diagnosis, DSM-5/ICD-10 codes)

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2. Current Symptoms

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3. Limitations caused by disability

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4. If applicable, indicate any medications currently prescribed that may impact the student's functioning, including any impact produced by side effects.

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5. Please indicate recommendations regarding accommodations for this student and the rationale as to why these accommodations are needed based on the student's limitations. Clearly indicate the accommodations you are recommending.

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6. Please indicate the level of severity: Mild      Moderate                      Severe Profound

7. Please indicate the student's current coping strategies:

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*I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.*

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

License/Certification # \_\_\_\_\_ State \_\_\_\_\_

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**DOCUMENTATION MAY BE SENT OR FAXED TO:**

Limestone University  
The Office of Learning and Accessibility  
1115 College Drive  
Gaffney, SC 29340  
Email [accessibility@limestone.edu](mailto:accessibility@limestone.edu).

Fax: 864-203-8747