



**Services for Students with Disabilities
UU119**

PO Box 6000
Binghamton, New York 13902-6000
607-777-2686 Voice, Fax: 607-777-6893
Email: ssd@binghamton.edu

A licensed medical provider (e.g., physician, neurologist, nurse practitioner, oncologist) may use this form to provide information related to the student's chronic health medical disability. This information will be used in conjunction with a student interview to begin assessing the functional impact of the student's disability and appropriate equal access academic accommodations.

6. Please describe the functional impact experienced by the student in relation to their chronic illness diagnosis(es) as it pertains to an _____ (e.g., impact on studying, test taking, note-taking).

7. Please describe the functional impact experienced by the student in relation to their chronic illness as it pertains to _____ (e.g. eating, sleeping, transportation, recreation).

8. Is the student currently prescribed current medication? YES NO

Does the prescribed medication have any side effects that functionally impact their academics or daily living?

9. Other current treatments and management strategies (e.g., infusions, frequent appointments, physical therapy, injections).

10. Does the student use any assistive medical devices (e.g., walker, pacemakers, insulin pump, hearing aids)?

11. Is the student's disability cyclical or episodic in nature? YES NO

If yes, please provide details regarding the functional impact on their academics or daily living.

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Forms may be completed electronically, but must include either an _____ or _____ to be authenticated.

Name and credentials: _____

Area of medical specialization: _____

Address: _____

Fax and/or email address: _____

Telephone Number: _____

Professional Signature: _____

License Number and State: _____

Date: _____