

## **DOCUMENTATION GUIDELINES: PHYSICAL, CHRONIC ILLNESS, or MOBILITY DISABILITY**

Students who are requesting services from Disability Support Services at National University of Health Sciences are required to submit documentation under the Americans with Disabilities Act Amendments (ADAAA) and Section 504 of the Rehabilitation Act of 1973. Individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations and the right to equal access to programs and services. A diagnosis of a disability alone does not automatically qualify an individual for accommodations under the ADAAA. To establish the need for a reasonable accommodation, the documentation must indicate the disability substantially limits one or more major life activities, and supports the request for services, accommodations, academic adjustments, and/or auxiliary aids.

This document provides guidelines necessary to establish the impact of the disability on the individual's educational performance and participation in other University programs and activities, and to validate the need for accommodations.

Submitted information must be current and comprehensive in order to avoid unnecessary delays in granting the accommodations. Students may be asked to provide updated comprehensive information if their condition is potentially changeable and/or previous documentation doesn't include sufficient relevant information. All documentation must conclude with a section devoted to recommendations linked to the disability that are appropriate to the educational program.

**Qualified Professional:** A qualified professional must conduct the evaluation. Qualified evaluators are defined as those licensed individuals who are qualified to evaluate and diagnose mobility and/or chronic health disabilities such as: Chiropractic, Osteopathic, or Allopathic Physician, Orthopedic Surgeon, or other physician knowledgeable to the condition. Diagnoses of physical disabilities documented by family members will not be accepted because of professional and ethical considerations even when the family members are otherwise qualified by virtue of training and licensure or certification.

**The evaluating physician must submit a letter that addresses the following items and must also complete the Physical, Chronic Illness, or Mobility Verification Form on pages 2 & 3 of this document.**

1. National University of Health Sciences recognizes that the terms "mobility disability" and "chronic health disability" are generic terms that can refer to a variety of conditions of short or long duration.

The documentation must contain information regarding three important areas:

- a) Evaluator qualifications;
  - b) Date of the most recent documentation;
  - c) Comprehensiveness of the documentation to support the diagnosis of a mobility or chronic health disability, including evidence to establish the current functional limitation(s) of the condition supporting the need for accommodations.
2. Although some individuals have long-standing or permanent diagnoses, because of the changing manifestations of many mobility and chronic health disabilities, it is essential to provide recent and appropriate documentation that focuses upon performance within the student's educational program at NUHS. Since reasonable accommodations are based upon the current impact of the disability, the documentation must address the individual's current level of functioning and the need for accommodations. In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. In addition to a history of presenting symptoms, date of onset, duration and severity of the disorder, and relevant developmental and historical data, the diagnostic report should include the following components:
    - a) **a specific diagnosis.** Clinicians are encouraged to cite the specific objective measures used to help substantiate diagnoses. The evaluator should use definitive language in the diagnosis of a mobility or chronic health disability, avoiding such speculative language as "suggest," "has problems with," or "could have problems."
    - b) **a description of current functional limitation** in the academic environment, as well as across other settings. The description should include medical information describing the degree to which the current functional limitations restrict the condition, manner, or duration of a major life activity.
    - c) **relevant information regarding any medications** that may impact the student. Given that many individuals benefit from prescribed medication and therapies, a positive response to medication in and of itself does not confirm a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodations.
    - d) **relevant information regarding current treatment** for this or any other conditions.
    - e) evidence that alternative etiologies or explanations have been considered in a differential diagnosis describing the impact of the disorder on a specific major life activity, as well as the degree of impact on the individual. **A link must be established between the requested accommodations and the functional limitations of the individual that are pertinent to the anticipated education setting.**

Please note that in reviewing the specific accommodation requested by the student or recommended by the physician/evaluator, Disability Support Services may find that while a recommendation is clinically supported, it is not the most appropriate accommodation given the requirements of a particular student's academic program. In addition, Disability Support Services may also propose clinically supported accommodations that would be appropriate and useful for the student, but which neither the student nor the evaluator have requested.

The aforementioned guidelines are provided so that Disability Support Services can respond appropriately to the individual needs of the student. Disability Support Services reserves the right to determine eligibility for services based on the quality of the submitted documentation. Documentation may need to be updated or supplemented in order to be considered

complete. Students who submit partial or incomplete documentation that does not meet the guidelines will not be eligible for services or granted accommodations.

## Physical, Chronic Illness, or Mobility Verification Form

### To Be Completed by the Student

Student's Name: \_\_\_\_\_ Student's ID: \_\_\_\_\_

Student's E-Mail: \_\_\_\_\_ Student's Phone: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### To Be Completed by the Student's Physician

1) Please state the complete diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

2) How did you arrive at your diagnosis? Please check all relevant items below; adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student:

Structured or Unstructured interviews	<input type="checkbox"/>	Medical tests	<input type="checkbox"/>
Interviews with other persons	<input type="checkbox"/>	Medical History	<input type="checkbox"/>
Behavioral Observations	<input type="checkbox"/>	Developmental History	<input type="checkbox"/>

3) Date of Diagnosis: \_\_\_\_\_

4) This student has been under a physician's care for this issue since: \_\_\_\_\_

5) Date student was last seen: \_\_\_\_\_

6) How long is this condition likely to persist \_\_\_\_\_

7) How often is the student required to check-in with a physician?

Once a week      Once a month      Every three-four months      Every six months  
Once a year      As needed      Other: \_\_\_\_\_

8) What medications is the student currently taking?

NAME: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ TIMES PER DAY: \_\_\_\_\_  
NAME: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ TIMES PER DAY: \_\_\_\_\_

9) How effective is the medication? How might side effects, if any, affect the student's academic performance?

\_\_\_\_\_  
\_\_\_\_\_

10) Please check the major life activities affected by the medical diagnosis. Also, please indicate the level of impact.

MAJOR LIFE ACTIVITIES	NO IMPACT	MODERATE IMPACT	SUBSTANTIAL IMPACT	DON'T KNOW
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking/Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing internal distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing external distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely submission of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending class regularly and on-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making and keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11) What other specific symptoms manifesting themselves at this time might affect the student's academic performance?

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12) What is the student's prognosis? How long do you anticipate the student's academic achievement will be impacted by the disability?

Circle one:                      6 months                      1 year                      1-2 years                      on-going                      permanently                      unknown

13) Assuming this documentation verifies the existence of a life-limiting disability and the need for accommodation, what do you recommend to help lessen the impact of the disability upon performing and participating in coursework at the university level?

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Physician's Name/Academic Credentials \_\_\_\_\_

Signature \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Send all documentation to:

Disability Support Services  
National University of Health Sciences  
200 E. Roosevelt Road  
Lombard, IL 60148  
630-889-6655 Fax