



CALIFORNIA POLYTECHNIC STATE UNIVERSITY
DISABILITY RESOURCE CENTER

DOCUMENTATION OF MEDICAL, PHYSICAL AND/OR MOBILITY IMPAIRMENT(S)
Cal Poly, San Luis Obispo – Disability Resource Center

In order for us to provide disability-related services, we need to establish that this individual has a physical or mental impairment that limits one or more of the major life activities. This form is designed to help us make that determination.

Patient/Student Name _____ **Date:** _____
Last First M.I.

Note: Please attach any supportive report or test results relevant to the documented diagnosis and limitations that may be helpful to us.

1. **Date of last appointment with this individual:** _____

2. **Please state the diagnosis and describe this individual's medical, physical and/or mobility impairment:**

3. **Level of Severity:** Mild Moderate Severe In Partial Remission

4. **Quality of Life:** In general, this individual's quality of life is:

 Excellent Good Fair Poor Very Poor

5. **Anticipated Duration of Services:** Permanent
 Temporary -- How long? _____

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6. Functional Limitations: Please check the level of limitation you believe this individual experiences in the college environment as a result of his or her disability. Check only those boxes that apply.

	Not at all limited/Not Applicable	Slightly limited	Somewhat limited	Moderately limited	Extremely limited
Caring for Oneself					
Talking					
Hearing					
Breathing					
Seeing					
Walking/Standing					
Lifting/Carrying					
Sitting					
Performing Manual Tasks					
Eating					
Working					
Interacting with Others					
Sleeping					
Reading					
Writing					
Spelling					
Quantitative Reasoning					
Math Calculating					
Processing Speed					
Memorizing					
Concentrating					
Listening					
Executive Functioning					

(ex: Time Management, Organization, Planning)

Other:

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7. For the purpose of our assisting this student, please describe any prescribed medications, their side effects, and/or any potential impact the medications may have on academic performance.

8. Please provide any additional information that will be helpful to us in determining eligibility and providing disability-related services:

9. Additional documentation attached? Yes No

Note: Qualified diagnosing professionals are licensed physicians and surgeons, and in some instances, chiropractors. The diagnosing professional must have expertise in the differential diagnosis of the documented disorder or condition, follow established best-practices in the field, and not be related to the patient.

PLEASE PRINT OR STAMP CLEARLY SO THE DRC MAY CONTACT YOU FOR ADDITIONAL INFORMATION.

Print Name _____ License Number _____

Signature _____

Address _____

Phone _____ Fax _____ Email _____

Return To:
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