Verification of a Medical/Chronic Illness

The Academic Support & Enrichment Center provides services to students with diagnosed medical/chronic illnesses. To determine eligibility for services, this office requires current comprehensive documentation of this disorder from the diagnosing physician or other appropriate professional. The questions below may be addressed in a letter describing the client and his/her condition.

Please answer the following questions pertaining to: _____

Date of Birth _____ Denison ID # _____

1. Disability or Medical diagnosis, date of diagnosis, and last contact with student:

2. The diagnostic criteria or tests used:

3. The current impact of (or limitations imposed by) the condition:

4. Treatments, medications, devices or services currently prescribed or used to minimize the impact of the condition:

5. The expected duration, stability or progression of the condition:

6. List current medication(s), dosage, frequency, and adverse side effects.

7. Provide a clear description of the recommended accommodation:

8. Connection of the recommended accommodation to the impact of the condition:

9. Possible alternatives to the recommended accommodation:

10. A statement of the level of need for (or the consequences of not receiving) the recommended accommodation.

Signature _____ Date: _____

Print name and title: _____

Address: _____

Telephone: _____ Email: _____

Return this information to the Academic Support & Enrichment Center, Denison University, P.O. Box M, Granville, OH 43023 or fax 740-587-5629