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**Disability/Medical Documentation Form**

1. Provide this form to a health care provider that is qualified to assess the impact of your disability (e.g. physician, psychologist, psychiatrist, learning or ADD specialist)

2. Return this information to Disability Services, or upload this documentation to your AIM profile.

3. Accommodations may be unable to be implemented, or limited until documentation is received.

3. If you have not done so, please find a time to meet with a Disability Services staff member for an intake!

**Return this Form and/or any additional testing or diagnostic information to:**

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| --- |
| **Student’s Name: Student’s ID Number:****Student’s Address:****Student’s Current Phone Number:****Health Professional’s Name & Title, signature (or card):**   |

**Impairment Assessment**

A. Diagnosis of disability (for mental health disorders, please include axis information).

B. How long as the student been under your care?

C. Is the condition temporary (< 6 months) or persistent?

**2. Major Life Activities Assessment**  As a result of the disabling condition, please indicate the level of limitation on any of the following major life activities (check those that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| **Major Life Activity**  |  |  |  |
| Caring for oneself |   |   |   |
| Talking |   |   |   |
| Hearing |   |   |   |
| Breathing (if asthma, with medications/treatment) |   |   |   |
| Standing |   |   |   |
| Working |   |   |   |
| Lifting |   |   |   |
| Sitting (approximate time) |   |   |   |
| Walking |   |   |   |
| Seeing |   |   |   |
| Writing |   |   |   |
| Manual Tasks (e.g, typing)  |   |   |   |
| Sleeping |   |   |   |
| Learning |   |   |   |
| Reading |   |   |   |
| Thinking/Concentrating |   |   |   |
| Course Attendance  |   |   |   |
| Memorizing |   |   |   |
| Taking exams |   |   |   |
| Interacting with others |   |   |   |
| Other: |   |   |   |

B. Are there any limitations the student has for collegiate work? (Full time vs. part time, etc)

C. Are there any course or campus modifications that you can recommend for this student?

**Please return this information to: Confidential Fax: 651-696-6698**

**Disability Services**

**Macalester College, 1600 Grand Ave. Kagin room 125**

**St Paul, MN 55105**