



Office of Student Success

Medical Diagnosis Documentation Form

Guidelines for Documenting a Disability or Medical Condition

Information for licensed/medical professionals

Columbia College is committed to providing educational opportunities for all students and assisting them in making their college experience successful and positive. To receive reasonable accommodations, the following documentation must be provided by a qualified physician or other licensed professional in a field related to the disability or medical condition.

AS APPROPRIATE, THE DOCUMENTATION SHOULD INCLUDE:

- 1) **Diagnostic statement identifying the condition, date of the current diagnostic evaluation, and the date of the original diagnosis.** It is important to have the documentation on an official letterhead and signed by the diagnosing professional.
- 2) **Diagnostic criteria and or diagnostic test used.** This description should include the specific results of diagnostic procedures, diagnostic tests utilized, and when it was administered. Diagnostic methods used should be congruent with the disability or medical condition and current professional practices within the field. Informal or non-standardized evaluations should be described in enough detail that a professional colleague could understand their role and significance in the diagnostic process.
- 3) **Description of the functional impact of the condition.** The impact of the disability or medical condition on the students' educational experience must be documented and explicitly described. This can include the provision of specific results from the diagnostic procedures and/or documentation of the impact of the disability or medical condition in previous educational settings (i.e. previous, IEP, 504, or other formal accommodation plans). The condition will be evaluated based on the typical progression of the condition, its interaction with development across the life span, the presence or absence of significant events (since the date of the evaluation) that would impact functioning, and how the information applies to the current situation of the request for accommodations.
- 4) **Description of current treatments, medications, assistive devices/services.** A history of treatments, medications, assistive devices, accommodations and/or assistive services to include statements about the effectiveness in minimizing the impact of the condition. Significant and potential side effects that may impact physical, perceptual, mental, behavioral or cognitive performance should also be noted.
- 5) **Recommendations for accommodations.** Depending on the impact of the disability or medical condition on the individual, the statement should include suggestions or recommendations for academic and housing accommodations that can help to provide full access for the student.
- 6) **Recommendations for Therapy/Emotional Support Animals.** For animals to be designated as an emotional support animal, students are required to demonstrate that their animal is a reasonable accommodation for a physical, emotional, or mental health disability. A therapy/emotional support animal is prescribed to an individual with a disability by a healthcare or mental health professional. A therapy/emotional support animal may be incorporated into a treatment plan to assist in alleviating the symptoms of that individual's disability. Medical/licensed professionals should provide a copy of the treatment plan that has been established with the client, incorporating the goals and outcomes that will include the assistance of an emotional support animal.
- 7) **Service Animals-**Students who use service animals are asked to contact the Office of Student Success to register as a student with a disability. We do not require any documentation about the training or certification of a service animal; however, we do require proof that a service animal has the current vaccinations required by the state of South Carolina.

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COLUMBIA
COLLEGE

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Student Name: _____ DOB: _____
Last First MI

To consider this student's request for accommodations in the classroom or residence hall due to a disability, Columbia College requires documentation from the treating clinical professional or health care provider familiar with the student's condition and functional limitations. NOTE: Columbia College staff cannot complete this form.

Please indicate accommodation request(s):
 Academic Accommodations Emotional Support Animal (ESA)
 Medical Single Other _____

Diagnosis (Clinical/other disorders related to disability accommodations)

Diagnostic Code DSM-5/ICD-10 Name

Date of Diagnosis: _____ Date of Last Assessment: _____
Currently under your care? _____

The condition is: Permanent _____ Temporary _____

If relevant, the student is allergic to: _____

Triggered by: CONTACT _____ INGESTION _____ AIRBORNE INHALATION _____

Describe any relevant side effects of prescription medication(s):

Please describe the type, severity, and frequency of symptoms currently experienced by the students, and how the disability interferes with eating or dining in college facilities.

As a reminder, all Columbia College students living on campus are required to have a meal plan. Please indicate what modifications you are recommending to address this student's dietary needs and explain why the modification to the standard meal plan would alleviate the limitations posed by the student's underlying condition.

To provide documentation of a Food-Related Medical Condition, the diagnosing professional must be a physician or other medical specialist, who is not a family member, with experience and expertise in the area related to the student's disability.

Name and Title of Qualified Professional	
Name _____	Specialty _____
License # _____	State of License _____
Address _____	Phone _____
_____	Fax _____

Signed _____
(Clinical Professional or Health Care Provider)

Date _____

*Evaluation report and/or documentation forms themselves do not automatically qualify student(s) for reasonable accommodations. The Office of Student Success will make final decisions regarding accommodation and any other services they or CC may provide.

Questions? Contact:

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