



6. Does the condition significantly limit a major life activity of this student?
  - a) Yes / No
  - b) If so, explain how any limitation on a major life activity is ameliorated or eliminated by any treatment or medication being given to this student.
  
7. Is there a current treatment plan? Yes / No
  - a) If yes, please describe:
  
  
  
  
  
  
  
  
  
  
  - b) List current medication(s), dosage, frequency and adverse side effects, if any:
  
8. Explain other information that may be relevant:
  
  
  
  
  
  
  
  
  
  
9. If the diagnosis prevents the student from performing any of the requirements of a course or academic program, please:
  - a) Specify accommodation(s) to assist the student in performing these functions:
  
  
  
  
  
  
  
  
  
  
  - b) Rationale for recommended accommodations (based on functional limitations):

**Certifying Medical Professional**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

License: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

This information will be reviewed and accommodation decisions made in accordance with the policies of Midwestern State University Disability Support Services. Please return this form to the address below or fax to Student Disabilities Services. For more information or discussion call (940) 397-4140 (Voice) or (940) 397-4180 (FAX).

Disability Support Services  
Clark Student Center, Room 168  
3410 Taft Blvd., Wichita Falls, TX 76308