Georgian Court University

Disability Services — Medical Verification Form

Completed by a qualified medical professional

Student Name: _____
GCU ID #: _____

Purpose:
This form supports the student's request for accommodations at Georgian Court University. Under ADA and Section 504, a diagnosis alone does **not** establish eligibility—documentation must demonstrate that the condition substantially limits one or more major life activities.

1. Diagnosing Professional

Name, Title, Credentials: _____

Facility / Practice Name: _____

Address: _____

Phone / Fax: _____

Email: _____

Must be a licensed provider, not a family member.)

2. Diagnosis & Timeline

Diagnosis (brief DSM 5 or ICD 10 _____

Date of initial diagnosis: _____

Date of most recent evaluation or visit: ____ / ____ / _____

Date first consulted with student: ____ / ____ / _____

Date last saw student: ____ / ____ / _____

3. Severity & Duration

Severity: ☐ Mild ☐ Moderate ☐ Severe

Explain: _____

Expected duration: ☐ Chronic (ongoing) ☐ Episodic ☐ Short-term

Explain: _____

4. Functional Impact

Describe how condition substantially limits one or more major life activities (e.g., concentration, mobility, endurance):

In an educational context (class attendance, attention span, lab work, etc.):

5. Treatment / Medication

Is the student currently taking medication? ☐ Yes ☐ No

List medication(s), dosage, frequency, and side effects impacting functioning:

Does medication create additional limitations (e.g., fatigue, drowsiness)? ☐ Yes ☐ No

Explain: _____

6. Accommodations / Academic Adjustments

Recommend specific accommodations (e.g., extra time, breaks, note-taking, assistive tech):

Explain how each recommendation addresses the described functional limitation(s):

Per GCU guidelines, documentation must include specific accommodations and rationale.)

7. Past Accommodations / Supports

Have accommodations been used previously? ☐ Yes ☐ No

If yes, describe conditions and benefits: _____

If no, explain why not and why accommodations are now warranted: _____

8. Professional Statement

Prognosis: _____

Comments (optional): _____

Certification & Signature

I confirm that this documentation reflects my professional assessment and is accurate to the best of my knowledge.

Signature: _____ **Date:** ____ / ____ / _____

Please submit the completed form on **official letterhead** via:

Office of Accessibility & Disability Services
Georgian Court University
900 Lakewood Ave, Lakewood, NJ 08701
Phone: 732 987 2646 | Email: lfahr@georgian.edu

Notes & Guidelines

- Documentation should be current (typically within 3 years; psychological diagnoses may require 6 months).
- Detailed explanation linking diagnosis to functional impairment is essential—diagnosis alone is insufficient.