Brandeis University
Medical Care Provider Form

Student Name: DOB: Class Year:

Medical Care Provider's Name: Phone:

Specialty to make the student's diagnosis:

Provider's Address:

Brandeis University provides reasonable accommodations to students with medical and/or psychiatric disabilities who qualify under the Americans with Disabilities Act of 1990 and Section 504 of Rehabilitation Act of 1973. These laws define a person with a disability as one who has a physical or mental impairment which substantially limits one or more major life activities. "Major life activities" are functions such as walking, seeing, hearing, speaking, breathing, learning, caring for one's self, performing manual tasks, reproduction, and work. Current and comprehensive additional documentation is required. It should be submitted on professional letterhead and the qualification of the examiner provided. The provider cannot be a family member of the student.

Please include the following information:
Specific Diagnosis

Date of diagnosis and date of most recent contact with student

Statement as to the activities substantially limited by the condition and the level of severity

Description of the student's functional limitation or behavioral manifestation in a college residence hall setting. Include the impact of medication or other treatments

Medical recommendation regarding reasonable accommodation for this student in a college residence hall (based on information in items 3 and 4)

Copies of tests or laboratory work that support the diagnosis (please attach). Note: If allergies or asthma for the basis of a special housing request, full medical documentation, including skin test results for allergies is required. Medical documentation will be kept on file at the Health Center, will be considered confidential health information and will be accessed by personnel involved in providing housing accommodation requests.

Please return this form and accompanying reports to:

Dr. Debra Poaster
Health Center/MS: 034
Brandeis University
Waltham, MA 02454
781/736-3677
fax: 781/736-3675

Signature of Physcian/Medical Care Provider:

Please print name of Medical Provider: