



Chronic Health Conditions Documentation Form

Student Name: _____ **DOB:** ____/____/____ has requested support services from Accessible Educational Services (AES) at Indiana University Bloomington (IUB) regarding a chronic health condition. Documentation provides vital information about the functional limitation of the student’s disability and its impact in a post-secondary academic environment.

There are a variety of health conditions that may affect a student's academic functioning while in college. Examples of chronic health disorders include, but are not limited to: Crohn’s disease, cystic fibrosis, Ehlers-Danlos Syndrome, diabetes, Lyme disease, or rheumatoid arthritis.

Please complete all sections of this form and return it as soon as possible so that we may verify the student’s eligibility for services. Providers may also use their own documentation format if all the information requested below is included; if this information is not provided, services may be delayed as AES obtains clarification. Please call 812-855-7578 if you have questions. The completed form may be faxed to 812-855-7650 or it may be mailed to the address at the bottom of this page. AES welcomes any additional documentation you would like to include.

Diagnoses:

Primary: _____

Secondary: _____

Date of Diagnosis: ____/____/____ Initial visit: ____/____/____ Last appointment: ____/____/____

Basis on which Diagnosis was made:

Clinical Manifestations or Current Symptoms:

Characteristics of Chronic Health Condition: *(Check all Appropriate Terms)*

- Stable Slow Progressing Rapid Progressing Improving Mild Moderate Severe

Current medical treatment that may affect the student in the higher education environment.

Do the student’s symptoms fluctuate or worsen Yes No **If yes, please explain:**

How long do you anticipate the condition impacting academic achievement? (Check one)

- < 6 months < 1 year > 1 year



Prescribed medication and the side effects that impact academic functioning:

Implications for Educational Success/Major Life Activities (REQUIRED):

Please check which of the major life activities listed below are affected because of the diagnosis.

Substantial limitation is defined as a "significant restriction in the condition, manner, or duration in which a major life activity is performed compared to most people."

- | | | |
|---|--|--|
| <input type="checkbox"/> Concentration* | <input type="checkbox"/> Fine Motor Skills | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Memory* | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Walking | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

*Note: Appropriate psychometric data should be included for these areas of limitation.

Additional comments and recommended auxiliary support, strategies, or service that may be beneficial to the student in the higher education environment.

Certifying Professional

Name (print): _____ **Date:** ____/____/____

Profession: _____ **License number:** _____

Office Address: _____

Phone: _____ **Fax:** _____ **Email Address:** _____

Certifying Professional Signature: _____