



Disability Services
disabilityservices@byuh.edu
 808-675-3518

VERIFICATION FORM for PHYSICAL HEALTH DISORDERS

BYU–Hawaii supports a climate of equal opportunity in its programs, activities, and services according to applicable law, including providing accommodations for students with disabilities. As part of the process for requesting accommodations, a student must provide documentation from a licensed medical practitioner who is the primary treating professional regarding a student’s physical health disorder, associated symptoms, related medications, and their impact on the student’s major life activity, and their need for accommodations. This Verification Form may supplement information that is provided in other reports, including medical reports or secondary school documentation. Any documentation, including this Verification Form, must meet BYUH DS guidelines for Physical Health Disorders.

A summary of the guideline criteria for documenting physical health disorders is listed below (more information related to DS documentation and guidelines for physical health disorders can be found at the following website: <https://disability.byuh.edu>)

1. Evidence of current physical health impairment
2. Functional impairment affecting an important life skill, including academic functioning
3. Exclusion of alternative diagnoses
4. History relevant to current physical health impairment
5. Summary and recommendations

This form will be reviewed by the Disability Services Coordinator (DSC) who will verify the disability as to the reliability of the request. The DSC will then notify the student if they are eligible for accommodations.

I. Student Information Section: (Please Print Legibly or Type)

BYUH ID #:

Student’s Name

First:

Middle:

Sur/Last:

Date of Birth:

Student’s Current Address:

Street:

City:

State:

Zip:

Phone:

Email:

II. Provider Section:

1. Contact with Student

- a. Date of initial contact with student:
- b. Date of last contact with student:
- c. Frequency of appointments with student (e.g., once a week, once a month):

1. Diagnosis

- a. What is the student's diagnosis?

- b. When was the student diagnosed with the condition? Month Year

- c. What is the severity of the disorder? Mild Moderate Severe

- i. Explain the severity checked above:

- d. What is the expected duration of the disorder?

Short-term (<6 months):

Episodic:

Long-term (>6 months-1 year):

Chronic (>1 year with frequent recurrence):

- i. Explain the duration checked above:

e. Current Symptoms:

- i. Please provide information regarding the student's current presenting symptoms.

--

- ii. Does the student's physical health disorder cause mobility restrictions? If so, please explain in detail (e.g., distance student can ambulate without stopping or resting; necessity of elevator versus stairs; methods used to negotiate mobility restrictions).

--

- iii. Is there clear evidence that the symptoms associated with the physical health disorder are interfering with or reducing the quality of at least one of the following, including academic functioning? Describe how symptoms interfere with functioning.

School functioning:	
Social functioning:	
Work functioning:	

f. **DSM-5** Codes:

- i. Please include all pertinent diagnoses or rule-out diagnoses using *DSM-5* codes.

Principal Diagnosis: _____

Code: _____

Severity or Level of Impairment: _____

Descriptive Features: _____

Course: _____

Other Diagnoses: _____

Code: _____

Severity or Level of Impairment: _____

Descriptive Features: _____

Course: _____

WHODAS 2 Score (If given): _____

2. Student's History

- a. Please include any historical information relevant to the student's physical health disorder and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial).

--

3. Medications

- a. Is the student currently taking medication(s) for symptoms associated with the physical health disorder? Yes No
- b. If yes, please provide information below for each medication the student is currently prescribed:

Medication/Dosage/Frequency:	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

Medication/Dosage/Frequency:	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

Medication/Dosage/Frequency:	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

4. Functional Limitations and Recommended Accommodations

- d. Please list the student's current symptoms associated with the physical health disorder and indicate what reasonable academic accommodations would mitigate the symptom listed.

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

*Use the back, if necessary.

III. Provider's Certifying Professional Information:

Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (e.g., licensed physician, psychiatrist, clinical psychologist, or neuropsychologist). The provider signing this form must be the same person answering the above questions.

***Note:** For ethical reasons, documentation from a family member or relative cannot be accepted, even if they are licensed.

Provider's Name: (International Providers, please fill out as much information as possible about your qualifications)

First:

Middle:

Last:

Credentials:

License Number*:

State of Licensure:

Street Address:

City:

State:

Zip:

Phone #:

Email Address:

Signature of Provider:

Date:

Stamp Here (unless provider is from BYUH):

**

I authorize BYU-Hawaii to receive information from the healthcare provider above. I also authorize my healthcare provider to discuss relevant information as to my condition(s) with the appropriate and qualified BYU-Hawaii personnel on an as-needed basis.

Signature of Student:

Date:

Submitting this Form:

This form may be returned to the student or submitted directly to the Disability Services Office at BYU-Hawaii. Information regarding BYU-Hawaii's Disability Services Office can be found at: <https://disability.byuh.edu/>. If you have any additional questions, you may contact disabilityservices@byuh.edu or 808-675-3518. Thank you for assisting BYU-Hawaii in this accommodation process.