



Office of Disability Services  
Helping you access Rutgers, everywhere!

**Rutgers Biomedical and Health Sciences (RBHS)**

(regardless of physical location)

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## DOCUMENTATION GUIDELINES

The Office of Disability Services uses a combination of information to determine eligibility and reasonable accommodations. Documentation of a specific disability does not translate directly into a specific accommodation or set of accommodations, instead reasonable accommodations are determined on a case-by-case and course-by-course basis.

The rationale for seeking information about a student's condition is to support the higher education professional in establishing disability, understanding how disability may impact a student, and making informed decisions about reasonable accommodations.

Documentation assists the Office of Disability Services staff to:

- Establish a student's eligibility for services,
- Understand the impact of a student's condition(s) in an academic environment; and,
- Determine strategies and reasonable accommodations to facilitate equal access.

Fundamental components of documentation include:

- Completed by a professional who is qualified to diagnose or treat the condition and is working with the individual who is seeking accommodations
- A clear diagnostic statement identifying the disability and date of diagnosis
- A description of the diagnostic methodology used
- A description of the current functioning and impact of the condition(s)
- Identification of functional limitations
- A list of expected duration, progression, and stability of condition
- Support for the requested accommodations

More information about our documentation guidelines is available at:

<https://radr.rutgers.edu/student/general-documentation-guidelines>

Please utilize the information on the left of this page for the correct Rutgers University campus the student is enrolled.

## Medical Condition Documentation Form

Student's First Name:

Student's Last Name:

Date of Birth:

Student's Street Address:

City:

State:

Zip Code:

Diagnosis and description of the student's medical condition

When was the condition first diagnosed?

Date of initial contact with the student:

Date of last contact with the student:

Frequency of appointments

- Once a week
- Twice a week
- Once a month
- Once every six months
- Once a year
- On an as-needed basis

What is the severity of the condition?

- Mild
- Moderate
- Severe

Explain the severity selected above:

What is the expected duration of the condition?

- Short-term (less than 6 months)
- Episodic
- Long-term (6 months-1 year)
- Chronic (longer than 1 year with frequent recurrence)

Is the student able to ambulate?

- Yes
- No

Can the student negotiate stairs, or is an elevator required? Please explain.

Please list the student's current symptoms. Then, indicate what reasonable academic accommodations would be related to the symptom indicated. (More detailed information regarding reasonable academic accommodations can be found at: [reasonable accommodations](#)).

**Example:** Symptom: "Due to the student's Crohn's Disorder, the student has frequent stomach pain and is required to use the restroom numerous times throughout the day. Often this is an emergency type of frequency and may affect attendance."

**Recommended Reasonable Accommodation:** "Student will require frequent breaks, consideration of attendance policies, and possibly breaks during quizzes or exams as necessary without penalty."

**Symptom 1**

**Recommended Reasonable Accommodation**

**Symptom 2**

**Recommended Reasonable Accommodation**

**Symptom 3**

**Recommended Reasonable Accommodation**

**Symptom 4**

**Recommended Reasonable Accommodation**

**Symptom 5**

**Recommended Reasonable Accommodation**

Is the student currently taking any medication?  Yes  
 No

If yes, please provide information on each medication below:

**Medication 1, Dosage, & frequency** (e.g., Celebrex, 200 mg, 1x daily)

Date prescribed:

Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.)

**Medication 2, Dosage, & frequency** (e.g., Celebrex, 200 mg, 1x daily)

Date prescribed:

Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.)

**Medication 3, Dosage, & frequency (e.g., Celebrex, 200 mg, 1x daily)**

Date prescribed:

Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.)

**PROVIDER INFORMATION**

Name of physician/provider completing form:

License number:

Date:

Profession:

Provider's address

Provider's phone number:

Provider's e-mail:

Provider's fax number:

*\*Note: Please upload any supporting documentation that you feel can assist our office in the determination of reasonable accommodations.*