Verification of a Medical Disability

Chattahoochee Technical College provides services to students with medical disabilities. To determine eligibility for services, the office that provides services requires current and comprehensive documentation of the medical condition from the diagnosing physician, or other appropriate professional.

Please answer the following questions pertaining to: _____

1. Diagnosis, date of diagnosis and last contact with student.

2. Describe symptoms associated with this medical condition.

3. Describe how this medical condition may affect this student both academically and/or physically.

4. List current medication(s), dosage, frequency, and adverse side affects.

5. What recommendations do you have regarding accommodations, e.g., extra time for exams, adapted equipment, assistive technology, time extensions for assignments, etc.?

Signature: _____ Date:_____

Print Name: _____ Title: _____

Address:_____ Phone and Fax: _____

City: _____ State/Zip: _____

Return information to: Chattahoochee Technical College, Office of Disability Services
North Metro Campus: 5198 Ross Road, Acworth, GA 30102 ● 770-975-4099 office ● 770-975-4084 fax
Marietta Campus: 980 South Cobb Drive, Marietta, GA 30060● 770-528-4529 office ● 404.591.5642 fax
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