

WHEELING UNIVERSITY
Healthcare Provider Form
Disability Due to a Health Condition

STUDENT'S NAME: _____ **DOB:** _____

STUDENT ID NUMBER: _____ **Email:** _____ **Phone:** _____

I am requesting that Wheeling University provide accommodations for the following physical or mental impairments that may qualify as disabilities under the ADA and Section 504:

I am requesting that Wheeling University provide the following accommodations for these disabilities:

I authorize the release of information pertaining to my medical condition and/or disability to Wheeling University's Disability Services and Testing Center in connection with my request for accommodations.

Student Signature: _____ **Date:** _____

INTRODUCTION

Students who are seeking disability services through Wheeling University's Disability Services and Testing Center on the basis of a diagnosis of a health impairment are required to submit documentation to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as amended.

Under the Americans with Disabilities Act Amendments Act (ADA AA) revised in 2008, the term "disability" includes (a) an impairment that substantially limits one or more of the major life activities of an individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment. It is important to understand that a diagnosis of any condition in and of itself does not establish the existence of a disability. In others words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. Current and comprehensive documentation must be provided in order for a student to be eligible for support services and considered protected under the law.

The International Classification of Diseases is frequently used as guidance for identifying medical conditions. However, not all conditions listed in the ICD-9/10 (or prior iterations of the ICD) may be disabilities or even impairments for purposes of the ADA. Diagnosis by a licensed healthcare professional (e.g. a physician, a physician assistant or an advanced practice nurse practitioner) with expertise in the area of concern is required. The healthcare provider must be an impartial evaluator who is not a family member nor in a dual relationship with the student.

ALL QUESTIONS BELOW MUST BE COMPLETED BY A QUALIFIED HEALTHCARE PROVIDER

Note to Providers: This assessment should be current (six months to one year), include a clearly stated diagnosis, and must provide information about the significant impact to a major life function, including those expected for a post-secondary experience.

Healthcare Provider's Name: _____

Agency/Institution: _____

Address: _____

Phone: _____

Credentials and State License #: _____

ICD-9 or ICD-10 primary diagnoses: _____

1. How long have you been providing care to this student for this particular medical condition?

2. Date of most recent office visit: _____ and

Dates of last three visits related to this medical condition 1) _____ 2) _____ 3) _____

3. Date of onset of current episode: _____

4. Current medications: _____

5. How has prescribed medication affected the student's functioning?

6. Current treatments, assistive devices and/or technologies:

7. What is the severity of the medical condition? ___Mild___ Moderate ___Severe

Please explain:

8. What is the expected duration of the medical condition or disability?

___Long term: 3-12 months or longer

___Short term: 60 - 90 days

___Temporary: less than 60 days

Please explain:

9. Is the medical condition: _____Acute _____Chronic _____Episodic
Please explain:

10. Specific duration, stability, or progression of the condition or disability:

11. Describe the symptoms your patient presently displays:

12. Please provide a brief summary of clinical and/or observational data (e.g. recent lab/bloodwork results, test results, ongoing therapy):

13. What is the current impact of (or limitations imposed by) the condition?

14. Please check the extent to which major life activities are affected by the disabling condition.

Life Activity	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know	Not Applicable
ADLs (e.g. hygiene/bathing, eating, etc.)						
Attending class, lectures, labs, etc.						
Communicating - verbal or written						
Concentrating						
Learning						
Living in an unstructured environment such as a residence hall (dorm)						
Living with a roommate						
Sleeping or Waking						
Socializing						
Studying independently, in a group, etc.						
Other (please specify)						

15. Provide recommendations for **academic** accommodations (e.g. extra time to complete exams), if any. Include a clear rationale between key components of the diagnosed condition and the accommodation.

16. Provide recommendations for **campus housing** accommodations (e.g. a single room, an emotional support animal*), if any. Include a clear rationale between key components (symptoms, functional limitations) of the diagnosed condition and the accommodation requested.

* If requesting an emotional support animal (ESA), please complete the Emotional Support Animal Section, below.

17. What parts of the student’s academic, social, or campus life experience, if any, will the student be unable to access without your recommended accommodations?

Provider Signature: _____ **Date:** _____

***Please return completed form to**
Disability Services & Testing Center
Wheeling University, 340 Donahue Hall, Wheeling, WV 26003
updated email address Fax: updated fax*
*As part of the review to evaluate the request for a reasonable accommodation, this information will be shared with
Judy Bilyeu, Campus Nurse, Wheeling University Health Center.*

EMOTIONAL SUPPORT ANIMALS (ESA)

* As part of your treatment of this student, are you recommending an emotional support animal (ESA) as an accommodation to the student's on-campus housing? If so, please complete the questions below.

What is an ESA? An Emotional Support Animal is one that can be kept in residence as prescribed for a person with a disability as a reasonable accommodation to provide him/her an equal opportunity to use and enjoy University housing. Such requirement must be documented by a medical and/or mental health professional as needed due to one or more identified symptoms or effects of the person's disability.

1. Are there other acceptable modalities of treatment (e.g. medication, CBT, etc.) aside from an ESA that, if provided, would treat one or more of the student's symptoms at least as effectively as an ESA?
2. What type of training, experience, or expertise do you have in including ESAs into your treatment plans with clients?
3. Is there an identifiable and documented nexus between the student's disability and the assistance that an ESA is expected to provide? If yes, please explain.
4. Is there evidence, clinical or otherwise, that an ESA has helped the student? If yes, please explain.
5. Does the student have a condition that you expect to prevent the student from caring for the animal? If yes, please explain.

6. Have you discussed with the student the responsibilities associated with properly caring for an animal while the student is engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (Note: An ESA is permitted only in the student's residential room and may not accompany the student in public spaces in residential communities or across campus.) If yes, please explain.,

Provider Signature: _____ **Date:** _____