



# Verification of Medical and Psychological Conditions

Accessibility Resource Centers for Students

**To be completed by a qualified licensed professional**

Mt. San Antonio College requests the following information to document medical and psychological conditions for purposes of establishing eligibility for disability-related services and accommodations within the college context.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

1. Primary Medical Condition:

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*Is the medical condition considered permanent?*     Yes     No  
*If NO, expected duration of disability:* \_\_\_\_\_

2. Primary Psychological Condition (Please include DSM-IV code and Axis):

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3. Secondary Medical or Psychological Condition(s):

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4. What are the symptoms that currently affect this individual's major life activities?

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5. How severe would you rate the impact of the condition(s) upon the student's overall functioning?

- Mild             Moderate             Severe             Fluctuating

6. What treatments or interventions (e.g. medication, counseling, etc.) do you consider appropriate at this time?

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PLEASE COMPLETE REVERSE SIDE ALSO

7. How successful has the student been in responding to current or past treatments or interventions?

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8. What recommendations do you have for this student in a college setting?

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9. When do you recommend a re-evaluation of the student's condition(s)?

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Other comments: (For visual limitations, please include corrected visual acuity. For hearing loss, please attach most recent audiogram. If taking prescribed medication, please indicate any side effects.)

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\_\_\_\_\_  
Signature of Diagnosing Professional

\_\_\_\_\_  
Printed Name of Diagnosing Professional

\_\_\_\_\_  
Area of Specialty

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Supervisor's Name (if unlicensed)

\_\_\_\_\_  
License # of Diagnosing Professional Or Supervisor

Practice Address:

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Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to:**

**Mt. San Antonio College, ACCESS Verifications**

Student Services Center - Bldg. 9B, 1100 N. Grand Avenue, Walnut, CA 91789

Voice: (909) 274-4290, Fax: (909) 274-2943; Video Phone: (909) 895-6634