

**Student Disability Resources**The Pennsylvania State University
equity.psu.edu/sdr**VERIFICATION FORM for PHYSICAL HEALTH DISORDERS**

Penn State's Student Disability Resources (SDR) office has established a Verification Form for Physical Health Disorders to obtain current information from a licensed medical practitioner regarding a student's physical health disorder, associated symptoms, related medications, and their impact on the student 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 Penn State's SDR guidelines for physical health disorders.

A summary of the guideline criteria for documenting physical health disorders is listed below (more information related to SDR documentation and guidelines for physical health disorders can be found at the following website: [Link to Guidelines for Physical Health Disorders](#)).

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

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

Student's Name:

First: Middle: Last: Date of Birth: PSU ID #: Penn State campus student is attending:

Student's Home Address:

Street: City: State: Zip: Phone Number:

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):

2. 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?

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): _____

3. 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).

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4. 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 (e.g., Humira 40 mg 1 x biweekly):	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

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

Medication/Dosage/Frequency (e.g., Humira 40 mg 1 x biweekly):	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

5. Functional Limitations and Recommended Accommodations

- a. Please list the student's current symptoms associated with the physical health disorder and indicate what reasonable academic accommodations would mitigate the symptom listed. More detailed information regarding reasonable academic accommodations can be found on the SDR website at:

<http://equity.psu.edu/sdr/applying-for-services/reasonable-accommodations>

Example: *A student's blood sugar may drop requiring the need for food or snacks.*

Symptom: *Occasional drops in blood sugar*

Recommended Reasonable Accommodation(s): *Food or drink permitted in classroom*

Symptom:

Recommended Reasonable Accommodation(s):

Symptom:

Recommended Reasonable Accommodation(s):

Symptom:

Recommended Reasonable Accommodation(s):

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 (i.e., licensed medical practitioner). The provider signing this form must be the same person answering the above questions.

Provider's Name:

First:

Middle:

Last:

Credentials:

License Number:

State of Licenser:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

Can this completed Verification Form be released to the student? Yes No

Signature of Provider:

Date:

Submitting this Form:

This form should be returned to the disability office at the Penn State campus where the student is enrolled. Information regarding other Penn State disability offices can be found at: [Campus Disability Coordinators](#). Please visit the SDR website and submit to the appropriate Penn State campus.