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**STUDENT PHYSICAL/SYSTEMIC DISABILITY  
DOCUMENTATION FORM**

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NOTE: THIS IS ONLY TO BE USED TO DOCUMENT PHYSICAL OR SYSTEMIC DISABILITIES. THIS FORM WILL NOT BE ACCEPTED AS DOCUMENTATION OF ADD/ADHD, LEARNING DISABILITIES OR PSYCHIATRIC CONDITIONS. PLEASE BE AWARE THAT ADDITIONAL DOCUMENTATION MAY BE REQUIRED TO DETERMINE ACCOMMODATION NEEDS.

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***Please type or print clearly.***

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Preferred Mailing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To Whom It May Concern:

The above named student has requested accommodations based upon a physical disability at the University of North Texas Health Science Center (UNT Health Science Center). In order to determine eligibility, the UNT Health Science Center CAP Office requires documentation from the appropriate health care professional (e.g. Medical Doctor, Nurse Practitioner, Physical or Occupational Therapist, Physiatrist). This documentation will be used to determine if the student's health condition rises to the level of disability as defined by the Americans with Disabilities Act of 1990 and the Rehab Act of 1973 and is therefore protected against discrimination. The health condition must represent a SUBSTANTIAL impediment to major life activities.

Please answer the following questions as completely as possible to maximize the student's chances of qualifying for accommodations. Feel free to write on the back of the form if you need additional space.

We sincerely appreciate your time and effort.

*Center for Academic Performance  
Disability Accommodations  
Carl E. Everett Education & Administration Building, Room 260  
3500 Camp Bowie Blvd, Fort Worth, TX 76107  
817-735-2134 Fax: 817-735-0263  
[www.unthsc.edu/CAP](http://www.unthsc.edu/CAP)*

## MAJOR LIFE ACTIVITY ASSESSMENT:

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Please Circle the level of limitation created by the student's diagnosis(es) and if you circle anything other than no limitation, please describe specifically how the limitation can impact the student in the educational setting e.g. taking notes, studying, completing tests on time, reading, navigating the campus, attending class or any other typical components of college life.

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### SPEAKING

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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### HEARING

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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### SEEING

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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### WALKING

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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**BREATHING**

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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**STANDING**

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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**LIFTING**

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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**SITTING**

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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**PERFORMING MANUAL TASKS (DEXTERITY)**

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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WRITING

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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SLEEPING

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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CONCENTRATION

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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MEMORY

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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READING

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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**CARING FOR SELF**

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Circle one:      No Limitation              Mild              Moderate              Substantial

*Describe academic impact of limitations:*

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**OTHER**

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Circle one:      No Limitation              Mild              Moderate              Substantial

*Describe additional limitations and academic impact of limitations:*

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**ADDITIONAL INFORMATION**

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1) Is the student currently under your care?

Yes/No (circle one)              Length of Care: \_\_\_\_\_

2) What is the current diagnosis(es)? Please use ICD 10 codes:

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3) When did you last examine the student? \_\_\_\_\_

4) Are the limitations described above permanent, if not how long will they be present?

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5) List medications which the student is taking and please describe any problematic side effects:

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6) List any regular treatments the student may be undergoing (chemotherapy, dialysis) and describe how this may create difficulties for the student.

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### HEALTH CARE PROFESSIONAL INFORMATION

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Full Name of Health Care Professional: \_\_\_\_\_

License Number: \_\_\_\_\_

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

Health Care Professional Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_