THIRD PARTY DOCUMENTATION

Medical/Health Condition

In order to begin receiving reasonable and appropriate accommodations, students must register with the Office of Disability Services (DS). Disability Services suggests that students provide recent documentation of the medical/health condition from an appropriately licensed medical professional who has completed comprehensive training in a field related to the medical condition and has no personal relationship with the individual being evaluated.

- For example, documentation for asthma would be provided by a Pulmonologist or Internist.
- Documentation that is less than three years old should be considered recent.
- Students are responsible for obtaining and providing this documentation to the University.

Here is a CHECKLIST of specific documentation guidelines that may be of assistance:

☐ DIAGNOSIS: A clear diagnostic statement and clinical narrative identifying the medical/health condition and describing how the condition was diagnosed. Please include the following:
  - Date of initial diagnosis and date of last contact with the student
  - An indication of whether the condition is permanent or temporary (prognosis).
  - Procedure/evaluation used for determining diagnosis (e.g. clinical/diagnostic interview, ocular examination, physical examination).

☐ IMPACT: A description of how the condition impacts the student currently in an academic setting.
  - This information should be thorough in demonstrating how a major life activity (e.g. writing, seeing, hearing, learning) is substantially limited.
  - Although a medical condition may be considered a disability in one patient, this does not imply that the impact will be the same for all persons with the condition.
☐ **INTERVENTION:** A description of current and past accommodations, services and/or medications for the student. This information should include an indication of their effectiveness in treating the disability.

☐ **RECOMMENDATIONS:** Any recommendations for accommodations or information that may be relevant in determining accommodations.

The prepared document should also:

☐ Be dated and typed on letterhead and bear the signature of the evaluator.
☐ Include the name, title, and professional credentials of the evaluator, including information about licensure or certification.
☐ Include contact information (e.g. name, address, and phone number of practice).

**For a medical/health condition, a school plan such as an Individualized Education Plan (IEP) or a 504 Plan is not sufficient in and of itself, but can be included as part of a more comprehensive evaluation report.**

The information provided will become part of the students’ educational records and will be kept in the student’s confidential file in the Office of Disability Service at NKU. Documentation can be mailed, emailed or faxed to the information to:

**Disability Programs and Services**

Student Union, Suite 303
Nunn Drive
Highland Heights, KY 41099
Email: disability.nku.edu
Fax: 859-572-5874