

Student's Permission to Release Medical Information



I hereby give my permission for representatives of the California State University, Los Angeles Office for Students with Disabilities to contact my physician for an assessment of whether my disability meet the criteria for reasonable accommodation under The Americans with Disabilities Act of 1990. This assessment will include my functional limitations. My physician is:

Dr. _____ Phone (_____) _____

Address _____

I understand this information will be treated confidentially.

Student's Name _____ CIN# _____

Student's Signature _____ Date _____

Medical Assessment

When did you last examine this student? _____

1. Based on your examination, does the individual have a disability that currently *substantially limits* one or more major life activities?

Yes No

If so, what major life activities are substantially limited?

- | | |
|--|--|
| <input type="checkbox"/> caring for oneself | <input type="checkbox"/> working |
| <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> sitting |
| <input type="checkbox"/> walking | <input type="checkbox"/> standing |
| <input type="checkbox"/> interacting with others | <input type="checkbox"/> learning |
| <input type="checkbox"/> thinking | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> hearing | <input type="checkbox"/> seeing |
| <input type="checkbox"/> speaking | <input type="checkbox"/> reaching |
| <input type="checkbox"/> breathing | |

2. Nature of disability: _____

3. How long is this condition expected to last? _____

4. Please describe the current functional limitations imposed by this condition as specifically as possible: (Functional limitations being the inability to perform basic life activities as listed in number 1).

5. Does this individual qualify for Disabled Parking as specified by the California Department of Motor Vehicle? Yes (complete DMV form: Application for Disabled Person Placard or Plates. Reg 195)

No

Physician's signature

Medical License Number

Date

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