



UNT Office of Disability Accommodation (ODA) Physical Disability Documentation Form

Student's First Name:	MI: Last:	
UNT Student ID:	Date form submitted to profes	ssional:
of North Texas (UNT). In order to de documentation from the appropriat Occupational Therapist, who is not realth condition constitutes a disab reasonable accommodation(s) are n	ested reasonable accommodations based upon etermine eligibility, the UNT Office of Disabilities the health care professional e.g. Medical Doctor related to the student. This information will ility as defined by the Americans with Disabil necessary. Please provide the following informations.	ity Accommodation requires or, Nurse Practitioner, Physical or be used to determine if the student's lities Act of 1990 as Amended and what mation as completely as possible to
Remainder of this form	is to be completed by a qualified <u>r</u>	medical professional only.
Address:	ompleting form:PhoPho Pho Indard nomenclature of this student's medica	one:
	_ Most recent date you examined or treated No: If yes, how long?	
(degree) OD: OS: To Perception OD: OS: I Legally Blind Yes: No: I	ost recent eye exam) Vis Acuity (best correcte tally blind OD:OS: Light Percep Hand Movements OD:OS: Cou Primary means of reading text, Enlarged Fo Eye fatigue issues: Recomm	otion OD:OS:Object Ints Finger: OD:OS: ontCCTV, magnifier
Deafness Yes:No: Pr	h most recent audiogram) Hearing loss in Db rimary communication augmentation Hearing trainer Sign Language: Other:_	g Aid: Cochlear
Yes: No:	ill the student's disability create limitations cial to establish eligibility. To qualify, the stud	

The following matrix (page 2) is <u>crucial</u> to establish eligibility. To qualify, the student's disability must have a severe impact on at least one of the listed life activities, or, moderately impact multiple areas of functioning. Please use your professional judgment to determine the level of impact the student's diagnosis (es) has on the associated life activity. Attach any relevant medical records especially, eye exams, audiograms, sleep studies, functional capacity exams, VA disability rating etc.



FOR PHYSICAL CONDITIONS ONLY

NOTE: When in remission or well controlled conditions such as diabetes, cancer, lupus, epilepsy and other chronic illnesses may present no immediate limitations. Students may still qualify for ADA protection when the potential exists for a previously stable condition to worsen. Please complete the matrix to reflect those periods when the condition <u>is</u> <u>not</u> well controlled. Also, consider side effects of medications and other treatment(s) that may negatively impact life activities. Lastly, completion of this form has no bearing upon a student's future employability, or eligibility for any services beyond the University of North Texas. To make an eligibility determination we need to know how serious the student's limitations are. Please do not feel the need to minimize this. Basically, we need to know how severe the student's health problems can be at their worst.

Life Activity Matrix	No Impact	Moderate Impact	Severe Impact	Don't Know
Speaking				
Hearing (attach most recent audiogram)				
Seeing (attach most recent eye exam)				
Lifting				
Standing				
Walking				
Sitting				
Manual dexterity/Writing				
Sleeping				
Concentration				
Memory				
Reading				
Caring for Self				
Class Attendance				
Bodily functions (immune system,				
digestive, circulatory, endocrine etc.)				
Communication (receptive & expressive)				
Sustained Focus				
Other (Please list)				
