UNT EST. 1890 | OFFICE OF DISABILITY ACCESS
Division of Student Affairs

Physical Conditions Only

UNT Office of Disability Access (ODA) Physical Disability Documentation Form
(*To be completed by a Qualified Healthcare Professional*)

Student Name: _____

UNT Student ID number: _____

The above named student has requested reasonable accommodations based on a physical disability at the University of North Texas. To determine eligibility, the UNT Office of Disability Access requires documentation from a qualified healthcare professional (Medical Doctor, Nurse Practitioner, Physical/Occupational Therapist, etc.) not related to the student. This information will be used to determine eligibility for reasonable accommodations under the Americans with Disabilities Act of 1990 as Amended. Please provide the following information.

Essential for all conditions: Will the student's disability create limitations lasting longer than six months? ☐ Yes ☐ No

Name of Health Care Professional: _____

License # _____

Address: _____

Phone: _____

Please provide the ICD code and standard nomenclature for this student's diagnosis:

Date of Diagnosis: _____

Most recent date you examined/treated this student: _____

Is this student currently under your care? ☐ Yes ☐ No

If yes, how long? _____

Blind/Low Vision Only (Attach most recent eye exam)

Visual Acuity (best corrected) OD: _____ OS: _____ Vision Field (degree) OD: ____ OS:____

Light Perception: OD: _____ OS: _____ Object Perception: OD: _____ OS: _____

Hand Movements: OD: _____ OS: _____ Counts Finger: OD: _____ OS: _____

Legally Blind: OD: _____ OS: _____ Eye fatigue issues: _____

Primary Means of reading text: Enlarged Font: ____ CCTV/magnifier Recommended Font size: _____

Other: _____

Deaf/Hard of Hearing Only (Attach most recent audiogram)

Hearing Loss in dB Right: _____ Left: _____

Certificate of Deafness: Yes: _____ No: _____

Primary Communication Augmentation: Hearing Aid _____ Cochlear Implant _____ FM Loop _____

Sign Language_____

Submit documentation via fax (940.369.7969), email Apply.ODA@unt.edu, or deliver in person to Sage Hall Suite 167, or mail to 1155 Union Circ. #310770 Denton, TX 76203

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Please complete the following matrix which will be used to establish eligibility for reasonable accommodations. Attach any relevant medical records (eye exams, audiograms, sleep studies, functional capacity exams, etc.)

Students may still qualify for reasonable accommodations when the potential exists for a previously stable condition to worsen. Please complete the matrix to reflect those periods when the condition is ***not*** well controlled. Consider side effects of medications and other treatment(s) that may negatively impact life activities. Completion of this form has no bearing upon a student's future employability.

Life Activity Matrix	No Impact	Moderate Impact	Severe Impact	Don't Know
Speaking				
Hearing (attach recent audiogram)				
Seeing (attach 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, etc.)				
Communication – Receptive				
Communication – Expressive				
Sustained Focus				
Eating				
Body Control				
Other				

Based upon the limitations noted above, please list recommendations for reasonable accommodations for this student.

By signing below, I am certifying that I or my designee has completed this form truthfully and accurately.

Signature and Professional Title: _____ Date: _____

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