LSU Health NEW ORLEANS

Office of Disability Services

LSUHSC-NO OFFICE OF DISABILITY SERVICES
HEALTHCARE PROVIDER VERIFICATION FORM

The Office of Disability Services facilitates the process of academic accommodations for students with disabilities and works in collaboration with the professional schools of the Health Sciences Center to ensure full participation in all activities, programs, and services of the institution. The office operates in accordance with the ADA and Section 504 of the Rehabilitation Act of 1973.

Documentation from a qualified healthcare professional is required to determine eligibility and assist in creating an appropriate accommodation plan that provides access to the learning environment.

Technical Standards:
Some programs require students to meet certain technical standards encompassing the following skills: observation; communication; motor function and coordination; intellectual abilities: conceptual, integrative, and quantitative; and behavioral and social attributes. Students are expected to be able to perform these skills with or without reasonable accommodations. An otherwise qualified student may not be excluded solely because of a disability if a reasonable modification or accommodation can be made by the institution. Reasonable accommodations must not fundamentally alter a program, service, or activity. Technical standards can be found here: https://www.lsuhsc.edu/administration/academic/ods/technical_standards.aspx.

Once this form has been completed, it should be submitted by the healthcare provider to ods@lsuhsc.edu.

SECTION TO BE COMPLETED BY STUDENT:

STUDENT INFORMATION

Name: Date of Birth: EmplID:

SECTION TO BE COMPLETED BY HEALTHCARE PROVIDER:

HEALTHCARE PROVIDER INFORMATION

Name:

Credentials & Licensing:

Specialty Area:

Practice/Institution:

Phone Number: Email:

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DISABILITY INFORMATION

Diagnosis/Health Condition including DSM-5 or ICD-10 code:

Date of Initial Diagnosis/Health Condition:

Date of Last Contact with Student:

Condition Status:

☐ Permanent/Chronic ☐ Temporary (Expected Duration: ☐ Episodic/Intermittent

Severity Level: ☐ Mild ☐ Moderate ☐ Severe

Describe the student's current symptoms and functional limitations of one or more major life activities:
(*Major life activities include but are not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, working, and operating major bodily functions*.)

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Describe how the diagnosis/health condition creates a barrier in the learning environment and affects academic functioning:

Describe how any applicable medication and/or treatment plan could impact academic performance:

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List your recommendations and rationale for reasonable accommodations that would provide access to the learning environment:

By signing below you are verifying that information provided is accurate and that you are a qualified healthcare professional that can diagnosis and manage the stated health condition(s).

Provider signature:

Date: