UNIVERSITY OF NORTHERN BRITISH COLUMBIA
Access Resource Centre

UNBC Access Resource Centre
arc@unbc.ca
250-960-5682
Verification of Disability(s)/Medical Condition(s)

Verification of Disability(s)/Chronic Health Condition(s)

Student Name: _____Birthdate: _____

Student Number: _____

I am requesting disability support services through the Access Resource Centre (ARC) at the University of Northern British Columbia. The ARC requires current and comprehensive documentation of my disability/medical condition as one of the criteria used to evaluate my eligibility for disability-related accommodations or services. Please respond to the following questions as soon as possible and return to me or send to ARC by fax (250-960-5775). I authorize ARC to contact you if clarification is needed.

Student Signature: _____ Date: _____

The following area must be completed by the health care professional listed on this page. Please be as specific as possible.

<table>
<tr><td colspan="2">Name of Qualified Medical Assessor:</td><td>Registration No:</td></tr>
<tr><td colspan="2">Specialty of Qualified Medical Assessor:</td><td>Medical Office Stamp</td></tr>
<tr><td colspan="2">Signature:</td><td rowspan="4"></td></tr>
<tr><td colspan="2">Date:</td></tr>
<tr><td>Telephone No:
( )</td><td>Facsimile No:
( )</td></tr>
</table>

Optional: The student's diagnosis/diagnoses is/can be included below. While students are not required to provide formal diagnosis to receive services, having this information enables the ARC to provide the best possible service.

I confirm the student has been diagnosed with a DSM-5 psychiatric condition(s): ☐ Yes ☐ No

Diagnosis(es): _____

I confirm the student has been diagnosed with a medical condition(s): ☐ Yes ☐ No

Diagnosis(es): _____

Current status of condition(s):

- ☐ Permanent
- ☐ Persistent/Prolonged (has lasted or is expected to last for a period of at least 12 months)
- ☐ Temporary, with expected recovery date of: _____ **(DD/MM/YY)**

Disability Impact on Daily Functioning (as it relates to educational setting):

Physical Functional Impact	**Unknown**	**No Impact**	**Mild Impact**	**Moderate Impact**	**Severe Impact**
Standing					
Sitting					
Stair Climbing					
Handwriting					
Lifting/Carrying/Reaching					
Grasping/Gripping/Dexterity					
Energy levels/fatigue					
Other (please specify)					

Cognitive and/ or Behavioral Impacts	**Unknown**	**No Impact**	**Mild Impact**	**Moderate Impact**	**Severe Impact**
Attention and Concentration					
Memory					
Information Processing speed					
Stress Management					
Completing tasks on time					
Making and completing appointments					
Speaking in public or class presentations					
Managing time					
Managing distractions					
Communication					
Regular and timely attendance					
Class/group participation					
Reading					
Writing Multiple choice tests/exams					
Writing long answer tests/exams					
Completing tests on time					
Taking notes in class					
Other (please specify)					

Additional explanation and accommodation recommendations:

Using the functional limitations listed previously, what supports or accommodations do you recommend to reduce the impact of the functional limitations on the student. For example, Extra time on a test in a quiet setting to reduce the impact of distractibility and longer information processing time.

Medication:

Is the student currently taking any prescription medications? ☐ Yes ☐ No

If yes, please indicate any side effects (alertness, concentration, nausea) that may affect participation in an educational environment:

Would this person benefit from taking a reduced course load? ☐ Yes ☐ No

Services: The student would benefit from specialized services such as tutoring, note-taking, sign language interpreting, oral interpreting, classroom captioning, alternate formats to fully participate in post-secondary studies. Please specify:

Equipment: The student would benefit from assistive technology or equipment such as a computer or laptop, digital recorder, FM system, braille reader, specialized software to fully participate in post-secondary studies. Please Specify:

Any addition comment you feel would help us in supporting this student in a university educational setting:

Thank you for taking the time to complete this form. Feel free to include additional information on your official letterhead, including copies of other applicable reports.