


Disability Verification		<i>To be completed by a certifying professional*</i> <i>(*Medical doctor or other licensed certifying professional.)</i>	
<i>A completed disability verification form is required to determine eligibility for academic adjustments, accommodations and support services for the Olympic College student named below.</i>			
Today's Date	Olympic College Student ID#	Date of Birth (mm/dd/yyyy)	
Student's Last Name		First Name	Middle Initial
This section to be completed by a certifying professional			
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the above named student currently under your care?			
Disability is:	<input type="checkbox"/> Observable <input type="checkbox"/> Not Observable	Disability is:	<input type="checkbox"/> Permanent/Chronic <input type="checkbox"/> Temporary; expected duration:
Diagnosis and description of disability(ies):			
Prescribed treatments/medications:			
Side effects of medication which may affect academic functioning:			
DSM IV-R or succeeding equivalent, as appropriate:			
Axis I			
Axis II			
Axis III			
Axis IV			
Axis V			

Limitation of Major Life Activities				
Activity	Mild	Mod	Severe	
Breathing				Please check <u>all</u> that apply:
Paying Attention				Chronic pain
Interacting				Easily fatigued
Processing				Agoraphobia
Reading				Easily Overwhelmed
Remembering				Easily distracted / Limited concentration
Self care				Panic attacks / Anxiety
Standing/Walking				Other:
Speaking				
Writing/Fine Motor Skills				
Hearing				
Vision				db loss: Left _____ Right _____ Comments:
				Visual Acuity Left _____ Right _____ Field Left _____ Right _____ Comments:

Please sign below as the certifying professional			
<i>*If someone other than you determined the diagnosis, please include their information in the spaces provided.</i>			
Printed Name of Certifying Professional			
Title		License #	
Signature		Date	
Address			
City	ST	Zip	
Telephone (please include area code)	Fax (please include area code)		
*Diagnosis made by (if other than certifying professional please print name & title):			
Address			
City	ST	Zip	
Telephone (please include area code)	Fax (please include area code)		



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