

## Medical Verification of Disability

*A completed disability verification form is required in order for Santa Rosa Junior College to provide disability related services to the student named below. A disability is defined as impairment substantially limiting a major life activity.*

### To be completed by student

Today's Date	SRJC Student ID #	Date of Birth (mm/dd/yyyy)	
Student's Last Name		First Name	Middle Initial

### To be completed by a certifying medical professional\*

*\*Medical doctor or other licensed certifying professional, such as psychologist or State of California Department of Vocational Rehabilitation Counselor.*

☐ **No diagnosis** determined at this time (sign here only, do **NOT** complete rest of form)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The above named student's disability is:** ☐ Permanent/Chronic **OR** ☐ Temporary with an expected duration of: \_\_\_\_\_

### Diagnosis:

Medical Disability Diagnoses / Disabling Condition(s)	Description	
Psychological Disability Diagnoses	DSMV Code	Description

Prescribed treatments/medications:

Side effects of medication which may affect academic functioning:

Limitation of Major Life Activities					Sensory Limitations			
Activity	No Limitation	Mild	Mod	Severe	Activity	Mild	Mod	Severe
Concentrate/Memorize/Think					<b>Non-correctable</b> visual acuity loss			
Read					<b>Non-correctable</b> hearing loss			
Breathe					Other comments:			
See								
Hear								
Speak								
Interact								
Self-care					Please check <u>all</u> that apply:			
Write/Fine Motor					Chronic pain		Easily fatigued	
Sit					Claustrophobia		Easily overwhelmed	
Stand/Walk					Easily distracted / Limited concentration			
Lift					Panic attacks / High anxiety			
Other:					Other:			

Please sign below as the certifying medical professional.*				
Signature of Certifying Medical Professional			Date	
Printed Name of Certifying Medical Professional				
Title of Certifying Medical Professional			License #	
<b>Diagnosing Physician's Name</b> <i>(please print name of diagnosing professional if other than you)</i>				
Address				
City		ST	Zip	
Telephone (include area code)		Fax (include area code)		
E-mail				


**SANTA ROSA  
JUNIOR COLLEGE**

**Return Documents:**

**Fax: (707) 524-1768**

**Email: [disabilityinfo@santarosa.edu](mailto:disabilityinfo@santarosa.edu)**

**Deliver or Mail to:**

**Santa Rosa Campus**  
 Tel: (707) 527-4278  
 SRJC Disability Resources  
 1501 Mendocino Avenue  
 Bertolini Student Center, 3<sup>rd</sup> Floor  
 Santa Rosa, CA 95401-4395

**Petaluma Campus**  
 Tel: (707) 778-2491  
 SRJC Disability Resources  
 680 Sonoma Mountain Pkwy  
 Jacobs Hall, Room 101  
 Petaluma, CA 94954-2522