



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					Non-correctable visual acuity loss			
Read					Non-correctable 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 #	
Diagnosing Physician's Name <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

Deliver or Mail to:

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

Petaluma Campus
 Tel: (707) 778-2491
 SRJC Disability Resources
 680 Sonoma Mountain Pkwy
 Richard Call Building, Room 600
 Petaluma, CA 94954-2522