

## 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					<b>Please check <u>all</u> that apply:</b>				
Self-care					Chronic pain			Easily fatigued	
Write/Fine Motor					Claustrophobia			Easily overwhelmed	
Sit					Easily distracted / Limited concentration				
Stand/Walk					Panic attacks / High anxiety				
Lift					Other:				
Other:									

Please sign below as the certifying medical professional.\*

Signature of Certifying Medical Professional

Date



**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

Richard Call Building, Room 600

Petaluma, CA 94954-2522

Printed Name of Certifying Medical Professional

Title of Certifying Medical Professional

License #

Diagnosing Physician's Name

(please print name of diagnosing professional if other than you)

Address

City

ST

Zip

Telephone (include area code)

Fax (include area code)

E-mail