University of MOUNT OLIVE
STUDENT ACCESSIBILITY

TEMPORARY DISABILITY FORM

Student Name:

Does the student have a physical or mental impairment requiring accommodations?	Yes ☐	No ☐

If *yes*, what is the impairment or temporary disabling condition (or injury) diagnosis?

Is the impairment long-term or permanent?	Yes ☐	No ☐

If *not* permanent, how long will the impairment likely last (expected dates/duration)?

Answer the following questions based on what limitations the student has when his or her condition is in an active state and what limitations the student would have if no mitigating measures were used.

Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications.

Does the impairment substantially limit a major life activity?	Yes ☐	No ☐

If yes, what major life activity(s) is/are affected?

☐ Caring For Self ☐ Walking ☐ Hearing ☐ Lifting ☐ Other:
☐ Interacting With Others ☐ Standing ☐ Seeing ☐ Sleeping (describe)
☐ Performing Manual Reaching ☐ Speaking ☐ Concentrating ☐ Tasks (i.e. use of hands) ☐ Thinking ☐ Learning Reproduction
☐ Breathing ☐ Toileting ☐ Sitting ☐ Working

Does the impairment substantially limit the operation of a major bodily function?	Yes ☐	No ☐

If *yes*, what bodily function is affected?

☐ Immune ☐ Hemic ☐ Circulatory ☐ Other: (describe)
☐ Normal Cell Growth ☐ Sense Organs and Skin ☐ Endocrine ☐ Lymphatic ☐ Reproductive
☐ Digestive ☐ Neurological ☐ Musculoskeletal
☐ Bowel ☐ Brain ☐ Cardiovascular
☐ Bladder ☐ Respiratory
☐ Genitourinary

Questions to help determine whether an accommodation is needed:

What functional limitation(s) (or injury/condition) is interfering with academic performance?

What academic function(s) (abilities) is the student having trouble performing or cannot perform because of the limitation(s)/injury?

Do you have recommendations of possible accommodations based on the impairment?

If *yes*, what are they?

Comments (optional):

Healthcare Provider's Signature _____ Date _____

Healthcare Provider's Printed Name _____

Address: _____

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Return the completed form to :

UMO Office of Student Accessibility
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