



**LECOM**  
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

**Physician's/Clinician's Disability Accommodation Verification**

*(To be completed by physician, psychiatrist, psychologist, psychotherapist, as applicable)*

Name of Patient: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Physician's/Clinician's Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Evidence to substantiate diagnosis:** *(Please attach any relevant documentation including the most recent relevant psychological testing regarding medical/biopsychosocial condition to assist in verifying a disability and developing a campus-based accommodation plan. Accompanying testing and evaluations must be a current statement providing the student's abilities and limitations at the time of the request for accommodation.)*

**Current Treatment:** *(If no treatment has been prescribed, please state reasons why.)*

**Please describe impact of diagnosis on student's ability to participate equally in LECOM's educational program:** \_\_\_\_\_

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**Accommodations Recommended:**

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**Please indicate a phone number and a preferred time when a LECOM official might contact you if needed to discuss this student's needs:**

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**Physician's/Clinician's Signature:** *(No stamp please.)* \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM AND DOCUMENTATION TO THE STUDENT'S CAMPUS.  
Campus addresses are:**

LECOM Erie  
Student Affairs Office  
1858 W. Grandview Boulevard  
Erie, Pennsylvania 16509-1025

LECOM Bradenton  
Student Affairs Office  
5000 Lakewood Ranch Boulevard  
Bradenton Florida 34211-4909

LECOM at Seton Hill  
Student Affairs Office  
20 Seton Hill Drive  
Greensburg, Pennsylvania 15601-1548