



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: _____

Accommodations Recommended:

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

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