OFFICE OF STUDENT LIFE
ACCESSIBLE EDUCATIONAL SERVICES

Temporary Impairments Documentation Form

Student Name: _____ **DOB:** _____/_____/_____ has requested support services from Accessible Educational Services (AES) at Indiana University Bloomington (IUB) regarding a temporary impairment. Temporary impairments lasting less than 6 months are not covered under the Americans with Disabilities Act. However, AES will assist students and facilitate communication with instructors about academic modifications. Documentation provides vital information about the functional limitation of the student's qualifying medical condition and its impact in a post-secondary academic environment.

Please complete all sections of this form and return it as soon as possible so that we may verify the student's eligibility for services. Providers may also use their own documentation format if all the information requested below is included; if this information is not provided, services may be delayed as AES obtains clarification. Please call 812-855-7578 if you have questions. The completed form may be faxed to 812-855-7650 or it may be mailed to the address at the bottom of this page. AES welcomes any additional documentation you would like to include.

Diagnosis:

_____
_____
_____
_____

Date of diagnosis: _____/_____/_____ **Last Appointment**: _____/_____/_____

Basis on which diagnosis was made:

_____
_____
_____
_____

Clinical manifestations/symptoms:

_____
_____
_____
_____

Current medical treatment that may affect the student in the higher education environment.

_____
_____

Will crutches, a walker or a temporary wheelchair be required? ____ __If yes, duration of use:_____

How long do you estimate the condition impacting academic achievement?

# of days _____ # of weeks _____ # of months _____

Updated documentation will be provided after next appointment on _____/_____/_____

Prescribed medication and the side effects that impact academic functioning:

_____
_____

Additional comments and recommended auxiliary support, strategies, or service that may be beneficial to the student in the higher education environment.

_____
_____
_____
_____
_____

Certifying Professional

Name (*print*): _____ Date: _____/_____/_____

Profession: _____ License number: _____

Office Address: _____

Phone: _____ Fax: _____ Email Address: _____

Certifying Professional Signature: _____