Disability Support Services • 411 North Front Street • Wilmington, North Carolina 28401-3993
Phone (910) 362-7800 • Fax (910) 362-7113

DISABILITY VERIFICATION FOR PHYSICAL/MEDICAL/MOBILITY CONDITION

I, (STUDENT) _____________________________, hereby authorize the release of the following information for the purpose of determining my eligibility for academic accommodation, as based on the federal guidelines for the definition of a disability. If you have any questions, please contact Disability Support Services, Cape Fear Community College, 411 N. Front Street, Wilmington, NC 28401.
PHONE: 910-362-7800 FAX: 910-362-7113

Date __________ Signature of Student __________ Date of Birth ________________

Diagnosis: ________________________________

Date of Diagnosis: __________________________ Date of Last Visit: __________________________

Level of Severity: _______ Mild _______ Moderate _______ Severe

Does this condition interfere with one of the following major life activities? (Check all that apply)

- ___ walking             - ___ hearing               - ___ seeing              - ___ speaking             - ___ caring for one’s self
- ___ lifting             - ___ bending             - ___ eating              - ___ sleeping             - ___ concentrating
- ___ working            - ___ learning            - ___ manual tasks        - ___ breathing            - ___
- ___ reading            - ___ standing           - ___ thinking            - ___ communicating

Please list appropriate accommodations needed to accompany the patient’s loss of functioning in each activity:

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<tr>
<th>ACTIVITY</th>
<th>ACCOMMODATION(S) SUGGESTED</th>
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(X) Physician’s comments continue on reverse side of this form.

_________________________________________  __________________________________________
Physician’s Name (please print)             Phone

_________________________________________  __________________________________________
Address                                City     State     Zip

_________________________________________  __________________________________________
Signature                               Date

Updated: 4/20/17