

**UMBC STUDENT SUPPORT SERVICES
STUDENT DISABILITY SERVICES MEDICAL INQUIRY 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)?

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?

- | | | | | |
|--|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Lifting | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Standing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Sleeping | |
| <input type="checkbox"/> Performing Manual Tasks (i.e. use of hands) | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating | |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Learning | <input type="checkbox"/> Reproduction | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting | | |

Does the impairment substantially limit the operation of a major bodily function?

Yes

No

If *yes*, what bodily function is affected?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Immune | <input type="checkbox"/> Hemic | <input type="checkbox"/> Circulatory | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Sense Organs and Skin | <input type="checkbox"/> Endocrine | |
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive | |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Neurological | <input type="checkbox"/> Musculoskeletal | |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Brain | <input type="checkbox"/> Cardiovascular | |
| <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Respiratory | | |

Questions to help determine whether an accommodation is needed:

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

What academic function(s) or ability is the student having trouble performing because of the limitation(s)/injury?

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

If yes, what are they?

Comments (optional):

Medical Professional's Signature _____ Date _____

Medical Professional's Printed Name _____

Address: _____

Return the completed form to:

UMBC Student Support Services
Student Disability Services Office
1000 Hilltop Circle
Math/Psychology Bldg. 213
Baltimore, MD 21250
Phone: 410-455-2459 Fax: 410-455-1028
Email: sss@umbc.edu