



## **CERTIFICATION OF HEALTH CARE PROVIDER**

The questionnaire format is a guide and we would appreciate a response to every question. We need your complete medical opinion, so please feel free to include a more detailed narrative response to any and all questions if needed to answer more fully. Thank you for your anticipated cooperation.

**IMPORTANT NOTE TO PROVIDER:** When answering these questions, please do not take into consideration any ameliorative effects of mitigating measures, such as medications, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies; use of assistive technology; reasonable accommodations or auxiliary aids or services; or learned behavioral or adaptive neurological modifications.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

1. Does the student have a physical or mental impairment?

Yes       No

If so, please state the type of impairment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the student's impairment substantially limit any major life activities?

Yes       No

If so, which major life activities are limited?

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3. For each major life activity that is limited by the impairment, please describe how the student is restricted as to the condition, manner, or duration under which that activity can be performed, as compared to the way in which an average person in the general population can perform that activity:

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4. What is the duration or expected duration of the student's impairment?

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5. Please describe any reasonable accommodations that would allow this student to be able to participate in any academic, research, occupational training, housing, health insurance, counseling, financial aid, physical education, athletics, recreation, transportation, other extracurricular, or other postsecondary education aid, benefits, or services or to ensure that the student is not discriminated against in such participation on the basis of the student's disability.

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**AFFIX STAMP BELOW:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

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

**Printed Name and Address:**

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**Questions regarding this form should be directed to the University Disability Services Coordinator & Dean of Academic Engagement and Student Success, Dr. Nicole DeCapua Rinck at [accommodations@saintpeters.edu](mailto:accommodations@saintpeters.edu) or 201-761-6038.**