Mount St. Joseph University Documentation for Temporary Illness, Injury, Pregnancy or Related Condition

Specialists Name Medical Specialty							-	
Phone Number Email_								
serious, but temporar modifications, a stude	y, illi ent m	ness iust	s, inj pro	jury, pregnancy, or pregnancy revide documentation that attests	elate to th	d co e fa	ondit ct th	requested academic modifications based on a tion. In order to be considered for such nat he/she has an impairment, or pregnancy or lance or functioning in the classroom.
Patient name				DOB//		_		
Diagnosis:								
Prognosis:								
LIM	IITA	TIO	N IS	FUNCTIONAL IMPAG S 1=Substantial		SSE Mila		MENT 3=Unable to Determine
	1	2	3	Major Life Activity	1	2	3	Major Life Activity
				Caring for oneself				Learning
				Talking				• Reading
				Hearing				• Writing
				Breathing				• Spelling
				Seeing				• Calculating
				Walking/Standing				• Concentrating
				Lifting/Carrying				• Memorizing
				Sitting				• Listening
				Performing Manual Tasks				Managing Time
				Eating				Organizing
				Working				Other
				Interacting With Others				
				Sleeping				
Recommended mod	ifica1	tion	s ba	ased on patient's physical limi	tatio	ons		
•	or th	nis p	atie	ifications/ to ent to attend class? Yes No		/		_
Estimated date of re	eturn	l	_/	_/				
Signature					Dat	e		