Temporary Disability Verification for Students with mTBI/Concussion

Access Services (College).
Email: accessservices@smumn.edu. Phone: 507-457-1414

Access Services (Schools of Graduate and Professional Services)
Email: accessservicessgpp@smumn.edu . Phone: 612-238-4576

Access Services Fax: 507-200-6654

The student named on the following page has asked to register withAccess Services at Saint Mary's University of Minnesota .

Under the Americans with Disabilities Act as amended (ADAAA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. Federal law defines a disability as a physical or mental impairment that substantially limits a major life activity (e.g., learning, reading, concentrating, and thinking). As part of the interactive process to determine what, if any, reasonable accommodations may be provided, Access Services requires current and comprehensive documentation of the student's impairment. A diagnosis alone does not automatically qualify a student for accommodations. Disability documentation is reviewed byAccess Services staff on a case-by-case basis and, in addition, Access Services staff will meet directly with the student to determine eligibility for services.

Qualified Professional: The diagnosis must be provided by a licensed health care provider such as a medical doctor, doctor of osteopathic medicine, registered nurse, nurse practitioner, athletic trainer, or physician's assistant. The diagnostician must be an impartial individual who is **not a close friend of the family or a family member of the student**. If the injury was sustained during a university-sponsored intercollegiate athletics competition or practice, this form may be completed by a member of the Athletic Training staff .

After completing this form, please email it to Access Services at the address above. The information you provide will be maintained in a secure and confidential file within the

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Access Services office. Please contact Access Services if you would like further information. Thank you for your assistance.

Student Information:

Student's name: _____DOB: _____

Today's date: _____ Date of injury: _____

Date of diagnosis: _____

I hereby consent to the release of this form or the information in this form to athletics personnel, access services staff, and student affairs/residence life staff. I also consent to my treating provider sharing or discussing my treatment with the staff mentioned herein.

_____ Date: _____

Student's Signature

Provider Information:

Printed Name/Credentials/Field: _____

Signature:_____ Date: _____

License Number (if applicable): _____

Address: _____

Telephone: _____ Fax: _____

Saint Mary's University of MINNESOTA

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1. **Please use the chart below to list the student's current symptoms and indicate their level of impact on major life activities (i.e. studying, class participation, assignment completion, note taking etc.):**

1= Unable to Determine 2= No Impact 3= Mild Impact 4= Moderate Impact 5= Substantial Impact

Symptom	1	2	3	4	5	Notes

2. **If this is the initial evaluation post-concussion, please indicate how long the student is advised to abstain from attending class and completing schoolwork.**

_____

3. **If this is a follow-up evaluation, please provide the following information:**
   a. Number of days since initial injury: _____
   b. Recommendations for follow-up (i.e. referral to specialist, follow-up with sports medicine staff, etc.): _____

      _____
   c. Has the student been able to manage light cognitive activity? If no, please list the activities that have added to or exacerbated their symptoms.

      _____

      _____

      _____

      _____