



TEMPORARY MEDICAL CONDITION REGISTRATION FORM

In order to receive accommodations, please submit a copy of your documentation regarding your disability with this form. Documentation guidelines are available at http://equityandinclusion.emory.edu/access/students/index.html.

Documentation must be received before your registration is considered complete.

Date: _____

I. BIOGRAPHICAL INFORMATION

Name: _____

First

Middle

Last

Student ID # _____ Birth Date: _____

Cell Phone: _____ Home Phone: _____

Other Phone: _____ Check one: Parent's home Mom/Dad Cell

Address:

_____ City State Zip Code

Emory E-mail Address: _____ @emory.edu

Alternate E-mail Address: _____

II. STUDENT STATUS

First Semester at Emory: Fall Spring Summer Year: _____

Anticipated Date of Graduation: Fall Spring Year: _____

Undergraduate Year: First Year Second Year Third Year Fourth Year

Graduate: Master's MD JD Ph.D Other: _____

School/Program: _____

III. DISABILITY INFORMATION

Health/Medical Type: _____

Physical* Type: _____

Traumatic/Acquired Brain Injury/Concussion

Other: _____

Please describe the cause of your injury:

Date of injury: _____ Duration: _____

Date of follow-up doctor visit: _____

***If Physical:**

Level of Mobility:

Arm/Hand

- Dexterity: All None Limited
- Which hand? Left Right Both
- Which hand do you write with? Left Right

Leg/Foot

- Ambulatory: Yes No With minimal assistance
- Which Leg/Foot: Left Right Both
- Mobility Device Requirements:
 - Electric Wheelchair Manual Wheelchair Scooter
 - Other (Walker, crutches, cane, etc.)

If Traumatic/Acquired Brain Injury/Concussion:

- Was this your first head trauma: Yes No
- If no, how many have you had prior to now: 1 2 3 4
- Have you seen a neurologist: Yes No

Please list any related medications you are taking:

Name: _____ Purpose: _____ Start date: _____ Dosage: _____

Name: _____ Purpose: _____ Start date: _____ Dosage: _____

Please explain how the medication helps you:

IV. CURRENT IMPACT

Functional Limitations: Please check off the activities listed below that you believe are affected as a result of your diagnosis. Please indicate level of limitation you experience as a result of the disability.

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

Major Life Activities	1	2	3	4	5	Learning / Time Management	1	2	3	4	5
Caring for Oneself						Memory					
Talking						Concentrating					
Hearing						Listening					
Breathing						Organization					
Seeing						Managing distractions					
Walking						Timely submission of assignments					
Standing						Attending class regularly					
Lifting/Carrying						Making and keeping appointments					
Sitting						Managing stress					
Performing Manual tasks						Reading					
Eating						Writing					
Working						Spelling					
Interacting with others						Quantitative reasoning (math)					
Sleeping						Processing Speed					

Describe in as much detail as possible how the diagnosed condition is currently impacting you (use additional paper if necessary).

V. ACCOMMODATIONS/SERVICES

Describe accommodations or services that you think you will need. Why?

Classroom Accommodations (i.e. Testing, Notetaking, Laptop in Class, etc.):

Parking Accommodations:

Housing Accommodations:

Meal Plan Accommodations:

SERVICES RECEIVED/REQUESTING: (Skip if this section does not apply to you)

Dining Services	
Assistance Needed (access to food choices, help with tray, cutting food, eating)	
My medical condition requires me to be on a special diet	
Other	
Housing Services	
Single Room (for medical issues)	
Accessible Room (elevator, space for chair, equipment, lowered shelves, rods, grab bars, lower peep hole, visual door bell, door handles, etc.)	
Bathroom Modifications (grab bars, roll in, Bathtub, lowered sink)	
Private bath	
Access to a Kitchen for dietary/health reasons (that cannot be accommodated by consulting with the campus dietician)	
First Floor Room	
Emergency Evacuation	
Assistance may be required to evacuate a building	
Transportation	
I am driving and need access to handicap parking close to my classes	
Para-Transit	

Signature: _____ Date: _____