

Medical Information Form

This form is completed to provide medical information regarding a student who has applied to receive accommodations at Montcalm Community College. It should be typed, printed, or otherwise made legible.

On _____, I examined _____ for the medical condition listed below.

Diagnosis: _____

Additional supporting documentation may be requested if necessary to provide reasonable accommodations for the student.

This condition is _____ Temporary (lasting until _____) _____ Permanent

The student is scheduled for re-evaluation on _____.

Symptoms of the diagnosis/injury and functional limitations related to the educational environment:

Explain the current level of functioning/progression of the condition in past 6 months.

Add relevant information regarding any medications that may impact academic performance.

Educational Accommodations recommended AND rationale for each:

___ Tutor Rationale:

___ Note taker Rationale:

___ Text on CD Rationale:

___ Test Reader Rationale:

___ Test Writer Rationale:

___ Other Service Rationale:

___ Other Course Rationale:

Other comments:

Accommodations must be approved by the MCC Special Populations Counselor and will be provided only when a clear and convincing rationale is made for the necessity of the requested accommodations.

Original signature of medical professional _____

Date signed _____

Printed/typed name of medical professional _____

Medical professional area of specialization _____

State of licensure _____

Medical professional's mailing address _____

Medical professional's phone number _____

Please return the completed form by mail, fax, or email to the following:

Tore Skogseth, Counselor
Montcalm Community College
2800 College Drive
Sidney, MI 48888

Fax: 989-328-2950 (Attn.: Tore Skogseth)
Email: tores@montcalm.edu
Office location: Room 318, Beatrice E. Doser Building