



# Disability Resource Center

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## CERTIFICATION OF DISABILITY Statement of Attending Health Care Provider

The person named below is requesting academic accommodations on the basis of a disability at California State Polytechnic University, Pomona (CPP). In order to determine eligibility for services, we require **current and comprehensive documentation of their clinical condition and the resulting impairments to functional abilities.**

Please note that a diagnosis, in and of itself, does not automatically qualify as a disability (as defined by federal laws). Additionally, **health conditions due to active alcohol/drug abuse are not considered disabilities under the law and do not apply here.**

Our office will make the final determination regarding program eligibility, including accommodations appropriate to the academic environment of CPP. The information provided here is confidential and will not become part of the patient's educational records.

### SECTION 1 –PATIENT 'S IDENTIFYING INFORMATION

PATIENT'S NAME: \_\_\_\_\_ DATE-OF-BIRTH (MM/DD/YYYY): \_\_\_\_\_

### SECTION 2 –PROFESSIONAL CERTIFICATION

By signing below, I am certifying that I am a health care provider who is authorized to practice by the State and performing within the scope of my practice as defined by State law (29 CFR § 825.125). I am not a family member of the individual/patient named above, and the information provided here is based on my direct and current examination of the patient.

\_\_\_\_\_  
PROVIDER'S NAME & SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
PROFESSIONAL TITLE

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
BOARD CERTIFICATION/AREA OF SPECIALIZATION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

( ) \_\_\_\_\_  
PHONE

( ) \_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL

### SECTION 3 – DIAGNOSTIC INFORMATION

Provide current DSM or ICD diagnosis, including current severity and/or remission/course specifier as appropriate:

1. DIAGNOSIS: \_\_\_\_\_ DSM/ICD CODE: \_\_\_\_\_ DATE NOTED: \_\_\_\_\_

CURRENT SEVERITY:  MILD  MODERATE  SEVERE  IN PARTIAL REMISSION  IN FULL REMISSION

ANTICIPATED DURATION:  CHRONIC  TEMPORARY; EXPECTED TO LAST: \_\_\_\_\_

2. DIAGNOSIS: \_\_\_\_\_ DSM/ICD CODE: \_\_\_\_\_ DATE NOTED: \_\_\_\_\_

CURRENT SEVERITY:  MILD  MODERATE  SEVERE  IN PARTIAL REMISSION  IN FULL REMISSION

ANTICIPATED DURATION:  CHRONIC  TEMPORARY; EXPECTED TO LAST: \_\_\_\_\_

SECTION 4 – TREATMENT HISTORY

1. DATE YOU FIRST TREATED THE PATIENT FOR THIS CONDITION: \_\_\_\_\_

2. LIST THE DATES YOU HAVE TREATED THIS PATIENT FOR THE PAST 12 MONTHS: \_\_\_\_\_  
\_\_\_\_\_

3. CURRENT TREATMENT PLAN/FOCUS OF CLINICAL TREATMENT: \_\_\_\_\_  
\_\_\_\_\_

4. CURRENTLY PRESCRIBED MEDICATION(S)	START DATE	CURRENT DOSAGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. LIMITATIONS MITIGATED BY MEDICATION TREATMENT: \_\_\_\_\_  
\_\_\_\_\_

6. MEDICATION SIDE EFFECTS REPORTED BY PATIENT AND IMPACT TO FUNCTIONAL ABILITIES: \_\_\_\_\_  
\_\_\_\_\_

7. HAS THIS PATIENT BEEN HOSPITALIZED OR TREATED AT A HIGHER LEVEL OF CARE FOR THIS CONDITION?  Yes  No

HOSPITAL/FACILITY NAME: \_\_\_\_\_

ADMISSION DATE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

HOSPITAL/FACILITY NAME: \_\_\_\_\_

ADMISSION DATE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

8. DOES THE PATIENT HAVE A HISTORY OF SUICIDALITY OR SELF-HARM BEHAVIORS?  Yes  No

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

CURRENT CONCERNS: \_\_\_\_\_

9. DOES THE PATIENT HAVE A HISTORY OF ALCOHOL AND/OR SUBSTANCE USE?  Yes  No

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

CURRENT CONCERNS: \_\_\_\_\_

10. OTHER RELEVANT CLINICAL HISTORY OR CONCERNS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. WHEN DO YOU RECOMMEND A CLINICAL FOLLOW-UP OR RE-EVALUATION OF THE PATIENT'S CONDITION? \_\_\_\_\_

12. DATE OF NEXT SCHEDULED OFFICE VISIT: \_\_\_\_\_

**SECTION 5: FUNCTIONAL ASSESSMENT**

The following questionnaire asks about **difficulties due to health/mental health conditions** experienced by the person about whom you are responding in your role as a health care provider. For each question, please check only **ONE** response.

<b>Because of their health condition, in the past 30 days, how much difficulty did your patient have in:</b>						
<b>COGNITION: Understanding and Communicating</b>						
1.1	Concentrating on doing something for <u>10 minutes</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
1.2	Remembering to do <u>important things</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
1.3	Analyzing and finding solutions to <u>problems</u> in day-to-day life?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
1.4	Learning a <u>new task</u> , for example, learning how to get to a new place?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
1.5	Generally understanding what people say?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
1.6	Starting and maintaining a <u>conversation</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
<b>MOBILITY: MOVING AND GETTING AROUND</b>						
2.1	Standing for <u>long periods</u> such as <u>30 minutes</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
2.2	Standing <u>up</u> from sitting down?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
2.3	Moving around <u>inside their home</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
2.4	Getting <u>out</u> of their <u>home</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
2.5	Walking a <u>long distance</u> such as a <u>mile</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
<b>SELF-CARE: Hygiene, Dressing, Eating, and Staying Alone</b>						
3.1	Washing his or her <u>whole body</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
3.2	Getting <u>dressed</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
3.3	Eating?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
3.4	Staying <u>by himself or herself</u> for a <u>few days</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
<b>INTERPERSONAL RELATIONS: Getting Along and Interacting with People</b>						
4.1	Dealing with people he or she does not know?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
4.2	Maintaining a <u>friendship</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
4.3	Getting along with people who are <u>close</u> to him or her?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
4.4	Making <u>new friends</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
4.5	<u>Sexual</u> activities?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
<b>Life Activities: HOUSEHOLD</b>						
5.1	Taking care of his or her <u>household responsibilities</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
5.2	Doing his or her most important household tasks <u>well</u> ?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
5.3	Getting all the household work <u>done</u> that is needed?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
5.4	Getting the household work done as <u>quickly</u> as needed?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>

Because of their health condition, in the past 30 days, how much difficulty did your patient have in:						
Life Activities: WORK/SCHOOL						
5.5	His or her day-to-day work/school?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
5.6	Doing his or her most important work/school tasks well?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
5.7	Getting all the work done that is needed?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
5.8	Getting the work done as quickly as needed?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
PARTICIPATION IN SOCIETY						
6.1	How much of a problem did your patient have in joining in community activities (e.g., festivities, religious) in the same way as anyone else can?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
6.2	How much of a problem did your patient have because of barriers or hindrances in the world around him or her?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
6.3	How much of a problem did your patient have living with dignity because of the attitudes and actions of others?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
6.4	How much time did your patient spend on his or her health condition, or its consequences?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
6.5	How much has your patient been emotionally affected by his or her health condition?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
6.6	How much has his or her health been a drain on his or her financial resources or on the financial resources of relatives?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
6.7	How much of a problem did his or her family have because of his or her health problems?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>
6.8	How much of a problem did your patient have in doing things by himself or herself for relaxation or pleasure?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme or cannot do <input type="radio"/>

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### SECTION 5 –RECOMMENDED POSTSECONDARY ACCOMMODATIONS

*Recommendations for specific accommodations must refer to demonstrated impairments that directly result from the diagnosed condition. For each recommended accommodation, please **specify the functional limitations that it would mitigate.***

RECOMMENDED ACCOMMODATION

DEMONSTRATED FUNCTIONAL LIMITATION

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_