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.

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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