

Millstein Library Building, Room 240 150 Finoli Drive Greensburg, PA 15601-5898 724-836-7098, TTY: 724-836-7128

Fax: 724-836-7493 E-mail: los3@pitt.edu

MEDICAL DOMAIN

PATIENT INFORMATION

(Please complete the relevant information and submit to your provider for completion)

Name:			·	Date:
	Last	First	Middle Initial	<u> </u>
Medica	al Conditi	on Requiring Accommodation;		
Date of	f Birth:		People Soft Number:	
Status	(check on	e): Student Staff Fac	culty Other (explain)	
Contac	t Phone N	umber:		
Univer	sity E-Ma	il Address:	@pitt.edu	
Mailin	g Address	lancatura a monomenta a		
		•		
Please	identify, f	or your treatment provider, the a	ccommodations you are requesting:	from the University
of Pitts	burgh.			
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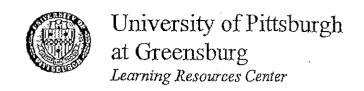
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MEDICAL DOMAIN

PROVIDER: PLEASE COMPLETE (Please type or print legibly)

The above named individual is requesting accommodations from the University of Pittsburgh. The University of Pittsburgh, for the purposes of establishing a disability and determining reasonable accommodations, requires current information about the condition. The information submitted will be examined in an individualized case-by-case inquiry, specifically looking at the impact of the condition on this individual and within the specific context of the requested accommodations.

Name:		Date:	
License or Certification #:			
Mailing Address:			•
	,		
·			
Phone Number:	_	٠	
1. Describe your professional credentials.	•		
		† 	
2. Provide a diagnosis or diagnoses.			
			:
3. Is this individual currently under your care for the	ne above mentioned con	adition?Y	es No



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4. Establish the extent to whi	ich the med	ical condit	ion current	tly impairs th	is individual. I	aclude severity,
frequency, and pervasiveness	of this con	dition at th	e present	time. Identif	y major life act	ivities that are
affected. (This information w					•	
determine if the individual's						
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5. Describe how the condition	is currently	being tre	ated or ma	naged.		
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8. For individuals with bra	in injuries, please submit comprehensive neuropsychological evaluation a	mđ/or
include probable site of le		
morado Proprioto Biro Of IC	(VII.)	
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9. For individuals with he	ring impairments, please submit a current audiogram.	
9. For individuals with he	ring impairments, please submit a current audiogram.	
9. For individuals with he	· ·	
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Please mail or fax to:
Dr. Lou Ann Sears
University of Pittsburgh at Greensburg
150 Finoli Drive
Greensburg, PA 15601-5898
724-836-7098, TTY: 724-836-7128
Fax: 724-836-7493

OR

Scan and e-mail as a PDF to: E-mail: los3@pitt.edu