

Department for Disability Support Services Suite 109 Mendenhall | Mail Stop 416 | East Carolina University | Greenville, NC 27858-4353 252-737-1016 voice | 252-737-1025 fax

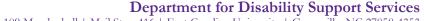
Disability Verification Form

Name: Banner ID: Date of Birth: By my signature below I hereby authorize my health care provider to furnish the following information to the Department of Disability Support Services (DSS) at East Carolina University. I understand that relevant information obtained may be shared with other University offices that may be involved in assisting with the establishment of reasonabl accommodations. Signature: Date: Provider Information (to be completed by the provider, provider should not be related to the student.) Name: Title: Address: License #: I certify that the information below is true to the best of my knowledge. Signature: Date: Please complete the form below in its entirety. If you are unable to answer a section, or it is not applicable, pleaser of the provider of th	Student Information (to	be completed by the studen	rt.)
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mark N/A or provide a description of why you are unable to answer. Please provide responses by typing or writely. Illegible forms will delay the documentation review process.	Signature:		Date:
	mark N/A or provide a descripti	ion of why you are unable to	o answer. Please provide responses by typing or writing
Disability Information:	Disability Information:		
Diagnosis: Date of Diagnosis:	Diagnosis:		Date of Diagnosis:
Permanent/Chronic Episodic: Typical time between flare ups: Temporary (60 days or less) Short term (60-90 days) Long term (3-12 months)			•
Severity: Mild Moderate Severe	Severity: Mild	Moderate Se	vere
Diagnosis: Date of Diagnosis:	Diagnosis:		_ Date of Diagnosis:
Permanent/Chronic Episodic: Typical time between flare ups: Temporary (60 days or less) Short term (60-90 days) Long term (3-12 months)			
Severity: MildModerateSevere	Severity: MildN	ModerateSevere	
Additional Diagnoses (please attach additional pages as needed):	Additional Diagnoses (plea	se attach additional page	es as needed):



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	ase describe the symptoms relating to the ticipation in the campus community. <i>Exa</i>	•	-
•	ir, low blood sugar.	,	, , , , , , , , , , , , , , , , , , ,
۸	andia anta tha Amaniasan with Disabilitis	- A	
	are not limited to the following, please		nents Act, major life activities may include bat are substantially impacted by the
			tantial limitation is a symptom that has
	sisted to a degree that is maladaptive		
pei	sisted to a degree that is maladaptive	and mee	misistent with developmental level.
	Eating		Social Interactions
	Sleeping		Learning
	Seeing		Reading
	Hearing		Concentrating
	Speaking		Thinking
	Breathing		Communicating
	Walking		Memory
	Standing		Managing Internal Distractions
	Lifting		Managing External Distractions
	Self-care		Organization
	Stress Management		Motivation
	Performing Manual Tasks		Putting Thoughts to Words
	Operation of a major bodily function		Attending Class Regularly
	0		
Giv	en the symptoms and functional limitation	ons noted	above, please share any recommended
			ecommodation to the functional limitation
	mple: Student should take exams in a se	_	
	cerbated by being in a crowded room, a	•	-
еха	cerbated by being in a crowded room, a	ina uns im	ранз сопсеннацон.





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Disability Verification Form - Dining Services

East Carolina University's Campus Dining, Student Health Services and Disability Support Services are committed to supporting students with food allergies, gastrointestinal disorders, eating disorders, and any other dietary restrictions as they impact the nutritional options available on campus.

To be completed by the health care provider:

Please indicate which of the following food groups may cause an allergic reaction and indicate the severity:

Food Group:	Mild	Moderate	Severe
Peanuts			
Tree Nuts			
Fish			
Shellfish			
Soy			
Milk			
Eggs			
Wheat			
Other:			
Other:			

foods that must not be ingested:	•



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How is the student's ability to utilize dining services impacted by the eating disorder? To what extent?
Recommended Accommodations with Rationale:

Please return form to Disability Support Services via email at DSSdept@ecu.edu or Fax (252) 737-1025