

## 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](mailto:tores@montcalm.edu)  
Office location: Room 318, Beatrice E. Doser Building