



THE UNIVERSITY OF MAINE AT MACHIAS

Jo-Ellen Scribner, Manager, Student Accessibility Services, 116 O'Brien Avenue, Machias, ME 04654
(207) 255-1228 telephone or (207) 255-1340 (fax)

Student Accessibility Services Documentation Form

The student named below has requested reasonable accommodations from Student Accessibility Services (SAS) at the University of Maine at Machias specifically related to the impact of COVID-19 requirements on the student's ability to access the University's programs and activities. In order to determine eligibility and to provide accommodations, we require documentation of the student's disability. This form is to be completed by the treating clinician, psychiatrist or medical provider only. Forms completed by the student or parent will not be considered documentation of disability. Once completed it can be returned to us via email at ummdisability@maine.edu, faxed to 207.255.1340 or regular mail. The information provided will not be filed with the student's other educational records, but will be kept in the student's file at SAS, where it will be held confidential. In addition to the requested information, please attach any other information you think would be relevant to the student's reasonable accommodations. Please contact us if you have questions or concerns. Thank you for your assistance.

ADA Background:

A student has a disability if they have an impairment that substantially limits one or more major life activities or a record of such an impairment. "Substantially limits" under the ADA Amendments Act is considered when a person has an impairment; it need not prevent or severely or significantly restrict a major life activity to be considered "substantially limiting." Nonetheless, not every impairment will constitute a disability. Also, a condition that is intermittent or relapsing in nature must be assessed when it is active to identify whether it is substantially limiting. You also must look at a condition without mitigating measures (except ordinary eyeglasses) to identify whether it is substantially limiting.

The ADAAA provides examples of "major life activities," such as "caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working" and also includes the operation of a major bodily function, such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

Student Name: _____

Today's Date: _____ Date student was last seen: _____

Student is seen: Occasionally Regularly Only as needed

Please fill out all applicable sections below

Does the student have a disability as defined above: Yes / No

If yes, what is the student's disability? _____

Date of first diagnosis of this disability: _____

1) How does the student's disability affect the student's ability to perform the essential functions of being an on-campus university student, including, but not limited to, attending face-to-face classes and living in a communal residence hall?

2) Is the student currently able to perform the essential functions of being an on-campus student with or without reasonable accommodation? Yes / No

If yes, please continue to next question. If no, how long will the student be unable to perform these functions?

____ # of weeks ____ # of months ____ permanently

3) Does the student's disability (including, but not limited to, a weakened immune system) increase the student's risk of contracting COVID-19 and/or increase the risk to the student's health and/or life if the student were to contract COVID-19? If so, what reasonable accommodations do you recommend for the student with regard to living in a residence hall and/or attending face-to-face classes? _____

4) Is the student able to wear a face covering throughout a typical day in college with or without reasonable accommodation? If the student cannot wear a face covering throughout the whole day, is the student able to wear a face covering at all throughout a typical day with or without a reasonable accommodation?

____ No. The student cannot wear a face covering at all.

____ Yes. The student can wear a face covering or mask as follows (see examples below):

Examples may include: cannot wear a face covering for 3 hours at a time, but can wear a face covering for x hours at a time with x minute breaks to remove face covering in a private setting; can wear a face covering only when needed to arrive, and depart from classes; can wear a face covering during the times they are in public spaces such as to utilize a common hallway, rest room, or dining hall.

5) State your specific recommendations regarding the reasonable accommodations for this student, including remote or online instruction and a rationale as to why these accommodations/services are warranted based upon the student's functional limitations.

6) Is there any other information that would be helpful to us? _____

HEALTHCARE PROVIDER INFORMATION

(Please sign & date below and completely fill in all other fields)

Provider signature: _____ Date: _____

Provider Name (Print): _____

Title: _____ License: _____

Address: _____

Phone Number (____) _____ - _____

Fax Number (____) _____ - _____

Email Address: _____