



Georgia Gwinnett
COLLEGE

**Georgia Gwinnett College
Disability Services
Medical Condition Documentation Form**

**For questions, please contact the Director of Disability Services at 678.407.5883.
Please attach any pertinent medical records.**

Student's Name: _____

Student's ID#: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Date of onset: _____ Date of last visit: _____

Please describe the physical or cognitive limitations that affect this student's ability to conduct major life activities.

Please provide any recommended compensatory strategies especially relating to academics.

Please list any medications prescribed and side effects that can interfere with cognition and performance in an academic environment.

Please list any other information that may be helpful in order to accommodate this person in a college setting.

Provider name: _____ Title: _____
(Please print)

License #: _____

Address: _____

Phone: _____ Fax: _____

Provider Signature: _____ Date: _____

Note to Student: Please return completed form to the Office of Disability Services at Georgia Gwinnett College. Please call or email Director of Disability Services Jennifer Arrocena to make an appointment to register for services at 678.407.5883 or jarrocen@ggc.usg.edu.