



Medical/Disability Verification Form for Clerkship-Site Exemptions

The University of Vermont’s (UVM) Student Accessibility Services (SAS) supports students seeking accommodation for disabilities (learning, developmental, psychological, physical or any other chronic medical condition) that impact learning or any other major life activities. SAS strives to ensure that qualified students with disabilities are accommodated in a manner that supports therapeutic treatment(s).

Students with medical conditions who wish to receive an exemption or partial exemption from traveling to distant clinical sites must have this form completed by a qualified health care provider, which may be a certified physician, other diagnosing medical professional, or specialist (such as, but not limited to: an MD, audiologist, neurologist, endocrinologist, psychotherapist). *The individual completing this form must have first-hand knowledge of the student's condition and be an impartial professional who is not related to the student.*

Once we receive this completed form, SAS will contact the student and schedule a meeting with a specialist in our office to discuss if the request is approved or if we need further information

RETURN FORM TO:

DO NOT UPLOAD TO OASIS

Student Accessibility Services

633 Main Street
 A170 Living/Learning Building
 The University of Vermont
 Burlington, VT 05405-0365

Phone: (802) 656-7753
 Fax: (802) 656-0739
 Email: access@uvm.edu

Student Information (This section to be completed by the student)

Permission to release information to the University of Vermont

Name: (please print) _____ Date: _____

Signed: _____ UVM Student #: 95 _____

Phone/Email: _____

Please describe your site exemption request: *see “recommendations” section below for clarification

Specify the medical condition and how it impacts your ability to travel or live away from home.



*******TO BE COMPLETED BY A CERTIFIED PROFESSIONAL*******

***Note to Provider:**

- This student is in a degree program at UVM, that may place them in a clinical site that requires living away from home for 1-7 weeks.
- The student is requesting an accommodation to be exempt or partially exempt from a rotation that requires them to live away.
- As a medical provider we are asking you fill out the form, and specifically to address the extent or frequency of time away that the student can complete without compromising their disability condition.

VERIFICATION OF DISABILITY-RELATED NEED FOR HOUSING ACCOMMODATIONS

To be completed by the current diagnosing professional (please type or print legibly):

Medical Condition/Disability Info:

1. What is/are the diagnosis/es?

2. Severity: Mild Moderate Severe

3. Diagnostic criteria/tests used:

4. What are the dates of the most recent evaluation and last contact with the student?

5. What is the expected duration of this condition? _____

6. If relevant, please describe current treatments and/or medications currently prescribed.

7. How does the condition impact the student's ability to travel or live away from home for a period of time?

8. Please explain the potential health impact if the recommendations are not provided.



Recommendations:

- Student should not be placed at an away site for any period of time
- Student should not be placed at an away rotation for more than _____ weeks at a time*
- Student should not be placed at an away site during the following time periods: (list dates)

Other/comments:

*If the student is able to be placed at an away rotation...will they need a specific housing accommodation (ex. Single room) while living away from home please specify:

SIGNATURE OF CERTIFYING PROFESSIONAL _____ DATE _____

Name of Certifying Profession: (please print): _____

Credentials: _____

License/Certification number and state of licensure: _____

Street Address

Address (City, State, Zip)

Email Address

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This document may not be released without written permission from the student or by order of a court. It will be destroyed seven years after the student is no longer enrolled at the University.