



CARDINAL  
STRITCH  
UNIVERSITY

## Physical, Sensory, and Health Related Documentation

(To be completed by a qualified medical doctor or specialist)

~Please type or print neatly / use a separate sheet if needed~

Student Name (First, MI, Last) \_\_\_\_\_

Diagnosis: \_\_\_\_\_

When was diagnosis made? \_\_\_\_\_ Last date of contact with student: \_\_\_\_\_

Is condition: \_\_\_ Temporary \_\_\_ Permanent      Level of severity: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

If sensory, please provide specific explanation of disability (such as visual acuity if low/blind; hearing levels if hearing impaired/deaf) \_\_\_\_\_  
\_\_\_\_\_

If medical or health, provide a description of your patient's medical condition or symptoms:  
\_\_\_\_\_  
\_\_\_\_\_

Provide a description of the student's functional limitations as a result of this condition, and how they might impact this student's academic activities (such as reading, writing, note-taking, concentration, studying, interactions with others, instructors and students, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggested accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional's Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Print or type name and title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

### Direct questions to:

Michael Schade, Accessibility Services Coordinator  
Cardinal Stritch University, Bonaventure Hall 1058  
6801 North Yates Road  
Milwaukee, Wisconsin 53217

Phone: 414-410-4828  
Fax: 414-410-4637  
Email: [meschade@stritch.edu](mailto:meschade@stritch.edu)