

Release of Information

I,, authorize				
(Student's Name)	(Physician's Name)			
•	ation concerning my psychological/medical records to: ee Community College, to determine my eligibility for odations.			
Student's Signature	Date			
Social Security Number	Telephone Number			



MEDICAL DOCUMENTATION FORM

Please answer the following questions as completely as possible: 1. Are you the primary care physician for this patient? ☐ Yes \square No 2. How long have you treated this patient? Click or tap here to enter text. 3. Date of last visit Click or tap here to enter text. Frequency of visits Click or tap here to enter text. 4. Medical Diagnosis(es): Please include DSM IV Axis with recent GAF, if applicable: Expected Duration: Permanent, Temporary Diagnosis Date of Onset Prognosis: Progressive, or, Remitting/Relapsing Stable or Guarded Has the patient been hospitalized for the above condition (s) within the past year? \square Yes \square No If yes, please specify: Click or tap here to enter text. 6. What medication(s) are currently prescribed for this patient? Medication Dosage Side effects experienced by patient, if applicable Click or tap here to enter text. Click or tap here Click or tap here to enter text. to enter text. Click or tap here Click or tap here Click or tap here to enter text.

Physician's Initials Click or tap here to enter text. Date Click or tap here to enter text.

Click or tap here to enter text.

to enter text.

to enter text.

Click or tap here

to enter text.

to enter text.

Click or tap here

unctional Limitation			•	citt (citce	k all that apply)		
	unctional Limitation Des			Degree of limitation			
				Mild	Moderate	Severe	
Hearing							
Vision							
Speech							
Manual							
Ambulation							
Motor Coordination							
Activities of Daily Living							
Endurance							
Respiratory							
Climatic/Environmental							
Concentration							
Memory							
Information Processing							
Social Interaction							

11. Please use this additional space to provide any other infor in his/her academic endeavors.	mation you believe will be helpful in assisting your patient
Click or tap here to enter text.	
Physician's Signature	 Date
Physician's Signature Talanhana # Click or tan hara to enter tout	Date
Telephone # Click or tap here to enter text.	
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Southwest Tennessee Community College is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies. Executive Director of

Human Resources and Affirmative Action, 737 Union Avenue, Memphis, TN 38103. (901) 333-5760.



GUIDELINES FOR DOCUMENTATION OF LEARNING DISABILITIES

The following are Southwest Tennessee Community College's guidelines and criteria for documentation and certification of learning disabilities:

Southwest requires that each student have the appropriate diagnostician conduct tests and offer recommendations in order to qualify for reasonable accommodations.

In order for a student to receive learning disabled status and qualify for reasonable accommodations, the college requires, at a minimum, the following recent (less than three years old) psychological test data (Note: A high school IEP is not a substitute for a psychological report):

- An individual intelligence test score (e.g., WAIS-R FSIQ)
- A measurement of cognitive processing (e.g., Woodcock-Johnson cognitive scores)
- Achievement test data (e.g., Woodcock-Johnson achievement scores)
- A DSM-IV diagnosis on axes I and II
- An evaluation of ability to function in a demanding college environment which requires independent social functioning

A diagnosis cannot be accurately made without such data. Difference in scores between the IQ and processing and/or achievement standard scores should be more than 1.5 standard deviations, as generally recognized in the American Adult Educational System.

In addition, your provider must also document any specific weakness or disability area and specify an accommodation that would remedy the problem area.

It is the responsibility of the diagnostician to document the student's disability area (e.g., short-term memory processing problem or lack of organizational skills) and specify what actions Southwest should take to allow the student the opportunity to pass the course (e.g., extended time or note-taking)

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PHYSICIAN'S CERTIFICATE OF TOTAL DISABILITY

, M.D., am a physician practicing in the medical specialty of					
, I have examined (name of patient), and do hereby certify that he/she suffers from the below-described "permanent total disability, which totally incapacitates such person from working at an occupation which brings him income" as defined in T.C.A., Section 49-3251 (below):					
Click or tap here to enter text.					
Date	Physician's Signature				
Address:					
					

TENNESSEE CODE ANNOTATED, SECTION 49-3251

Subsection (a) Auditing of Courses

(a) Disabled persons and elderly persons auditing courses at state colleges or universities. (a) Disabled persons suffering from a permanent total disability which totally incapacitates such person from working at an occupation which brings in income, and persons sixty (60)years of age or older, who are domiciled in Tennessee may audit courses at any state-supported college or university without paying tuition charges, maintenance fees, student activity fees, or registration fees; however, this privilege may be limited or denied by the college or university on an individual classroom basis according to space availability. Provided further, that the provisions of this section shall not apply at medical schools, dental or pharmacy schools and no institution of higher education shall be required to make physical alterations of its buildings or other facilities to comply with this section. Prior to admittance, the university or college involved may require an affidavit or certificate from a physician or an agency charged with compensating the disabled person or adjudicating the permanent total disability of the person who is requesting admittance in classes, that such person is permanently disabled as set forth herein

Subsection (b) Taking Courses for Credit

(b) Subject to the same terms and conditions as provided in subsection (a), disabled and person sixty-five (65) years of age and older, who are domiciled in Tennessee as defined by subsection (a), may be enrolled in courses for credit at state-supported colleges and universities without payment of tuition charges, maintenance fees, student activity fees or registration fees, except that the Board of Trustees of the University of Tennessee and the Board of Regents of the State University and Community College System may provide for a service fee which may be charged by the institutions under their respective jurisdictions, the fee to be for the purpose of helping to defray the cost of keeping the records of such incidents and not to exceed \$85.00 a semester.

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