

## Chronic Health Conditions Documentation

A student has requested disability support services from the Office of Disability Services (ODS) at SUNY Geneseo in regards to a chronic health condition. To be eligible for disability support, SUNY Geneseo guidelines require that students requesting such assistance provide documentation of the condition and how it impacts his/her access to learning or other major life activity.

The Americans with Disabilities Act as Amended and Section 504 of the Rehabilitation Act of 1973 protect individuals with disabilities from discrimination and entitle these individuals to reasonable accommodations. To establish that an individual is protected under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities and have an expected duration of not less than 6 months. A diagnosis in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic impact.

Professionals recommended to provide documentation include general physicians and specialty physicians such as rheumatologists, oncologists, cardiologists, and neurologists. Documentation should be printed on letterhead that lists the Name, Profession, License Number, Office Address, Phone, Fax, and Email of the Certifying Professional. The letter must include all of the information requested below; if this information is not provided, services may be delayed as ODS obtains clarification. Please call 585-245-5112 if you have questions. Documentation may be faxed to 585-245-5091, attached to an email ([disabilityservices@geneseo.edu](mailto:disabilityservices@geneseo.edu)), or it may be mailed to the address at the bottom of this page. ODS welcomes any additional documentation that is pertinent to providing academic and programmatic access for the student.

Comprehensive documentation should include:

- **Diagnosis**
- **Date of Diagnosis**
- **Basis on which Diagnosis was made.**
- **Clinical Manifestations/Symptoms**
- **Characteristics of Health Condition(s):** ( i.e. Permanent Temporary Stable Slow Progression Rapid Progression Improving )
- **Can the condition(s) be mitigated by treatment?**
- **Are you providing treatment?**
  - **If no, please explain.**
  - **If yes, is the student following the treatment plan?**
- **Frequency of visits, including patient's last appointment.**
- **Does the student experience fluctuations in symptoms?**
- **Estimated frequency and duration of exacerbations**
- **What factors, if any, contribute to the onset of worsening symptoms?**
- **Explain how the student will be affected or limited by the condition in an academic environment.**
- **How long do you anticipate the condition impacting academic functioning?**  
 < 6 months  < 1 year  > 1 year
- **Prescribed medication and the side effects that impact academic functioning.**
- **Long-term prognosis and treatment plan.**