



NORTHWESTERN  
UNIVERSITY  
IN QATAR

**Student Affairs**

Verification Form: Medical Conditions

NOTE: This form is to be filled out, in its entirety, by the professional who is treating the student. This professional must be unrelated to the student, and any information provided by a family member will be considered supplemental. Forms with insufficient detail will prompt a request for more information.

Student Information

Student Name

First

Last

Certified Provider Information

Provider First Name

Last

Provider Signature and Stamp

Provider Email

Provider Title

License/Certification Number and Issuing State/Country

Street Address

City

State / Province / Region

Postal / Zip Code

Phone



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Professional Visit Summary

Date of Initial Contact with Student

Date of Most Recent Formal Contact/Appointment with Student

Approximate Frequency of Contact with Student since Initial Contact

Date of Completion of Form

To ensure the provision of reasonable and appropriate services for students with long-term medical conditions, AccessibleNU-Q requires students to provide current and comprehensive documentation of their condition and its impact on their education. To standardize the gathering of such information, we ask that the student's healthcare provider answer the following questions to assist AccessibleNU-Q staff in their determination of reasonable accommodation.

Please describe the student's impairment, listing a specific diagnosis (if applicable). Include the date of diagnosis, and explain the labs/tests administered used in the diagnostic process. (AccessibleNU-Q may also request copies of lab/test results.)

What is the expected duration of the condition?

If the student is currently undergoing medical treatment, please describe and indicate how the treatment might affect the student academically.



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Describe how this medical condition may result in specific functional limitations in an academic setting (i.e., problems sitting for more than 1 hour, difficulty typing for more than 10 minutes, or inability to walk more than 50 feet without fatigue). \*

List current medication(s), impact, and any adverse side effects. Is the student still adjusting to or stabilized on the medication(s)?

Provide specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for accommodations that you believe will help equalize the student's ability to access Northwestern University's educational program.\*



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Please provide any additional information you feel will be useful in evaluating the nature and severity of the student's disability and any additional recommendations that may assist AccessibleNU in determining appropriate accommodations and intervention. (This could entail providing additional documents that include test results or appointment notes, for instance.)

HEALTHCARE PROVIDER INFORMATION

Signature

Date