



Office of Accessibility
Documentation Form for Temporary Impairments
(as the result of injury, surgery, etc.)

Student Name: _____ **Student ID:** _____

To determine eligibility for reasonable accommodations and/or determine appropriate resources relevant to temporary impairment, the following materials are generally needed:

- 1. Temporary Impairment Intake:** (to be completed by individual making the request)
https://rcccaccommodate.symlicity.com/public_accommodation/
- 2. This form, completed by a qualified professional**

Note: This form may only be completed for temporary impairment (such as injury, surgery, etc.), and is typically not sufficient for determining accommodations and resources long term.

TO BE COMPLETED BY A QUALIFIED PROFESSIONAL/PHYSICIAN:

1. Diagnosis/Impairment: _____

2. Date of impairment: _____

3. Date of most recent office visit: _____

4. Describe the impact and functional limitations relevant to life activities, including academics:

5. Are there treatments, medications, etc. which will adversely impact the student's baseline function, if

so, how? _____

6. Expected duration of temporary impairment/condition: _____

7. Anticipated date of full recovery: _____

8. Recommendations (should be directly linked to the impact or functional limitations associated with the Impairment): _____

Name of Diagnostician/Professional: _____

Signature: _____ Date: _____

License #: _____

Organization: _____ Phone #: _____

**Please attach a copy of your business card and submit this completed form to the
Office of Accessibility
oa@rccc.edu**

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