COLUMBIA HEALTH
Disability Services

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DISABILITY VERIFICATION FORM: CONCUSSION

Purpose: The student named below has indicated that s/he has sustained a concussion within the last 6 months and will require reasonable accommodations to participate in a program or activity at Columbia University. For the purposes of this form, a concussion and Mild Traumatic Brain Injury (mTBI) are interchangeable. The information you provide will be used to determine the nature and severity of the student's condition and the appropriateness of requested accommodations or services. **Please take the time to complete this form in its entirety.** Contact Disability Services at (212) 854-2388 (V/TTY) with any questions. All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). A signed consent for release of information should be completed by the student prior to the release of this form. Thank you for your assistance.

Student Name: _____

Date concussion sustained: _____

How concussion occurred: _____

Date(s) of treatment: _____

Date student will be re-assessed, if applicable: _____

Is this the student's first concussion? ☐ **Yes** ☐ **No**
If no, indicate how many and approximate dates of previous concussion(s): _____

Current Symptom(s) & Functional Limitations - check all that apply**:**

☐Nausea or vomiting
☐Headaches/pressure in head
☐Light/noise sensitivity
☐Dizziness/balance problems
☐Double/blurry vision
☐Fatigue
☐Feeling slowed down
☐Feeling sluggish/groggy/"in a fog"
☐Difficulty concentrating/sustaining attention
☐Difficulty with memory (recall)
☐Difficulty with memory (retention)
☐Change in sleep patterns (more than usual, less than usual, trouble falling asleep, trouble staying asleep)
☐Irritability
☐Feeling more emotional than usual
☐Sad or withdrawn
☐Nervousness or anxiety
☐Difficulties reading/studying
☐Attendance difficulties
☐Other: _____
☐Other: _____

Treatment Plan:

Indicate restrictions for cognitive and physical activity including estimated duration and specify any activities that exacerbate symptoms:

_____

_____

_____

Provide details about any co-morbid psychological or medical conditions. If the student is prescribed medication for another condition, has the student been advised to discontinue use of the medication due to the concussion? If yes, for how long? Additionally, what is the medication and the mitigating impact the medication typically has on the student's co-morbid condition?

_____

_____

Provide any additional information you feel will be useful in determining the nature and severity of the student's concussion that may assist in determining appropriate accommodations and interventions:

_____

_____

Projected date student able to return to class: _____

Accommodation Recommendations:

Identify any accommodations you believe may be necessary during the course of the student's recovery in order for the student to participate in the University's programs, activities and services for the current semester:

If the student's concussion occurred within the last few weeks, indicate recommendations related to test-taking and assignment deadlines based on the student's treatment plan and current level of functioning:

☐Rescheduling/postponement of exams: Projected date able to resume test-taking: _____
☐Extensions on assignments: Recommended length of extensions: _____

Additional Accommodation Recommendations:

☐Extended time for in class exams and quizzes
☐Rest breaks during in class exams and quizzes
☐Attendance modification
☐Breaks during class
☐Note-taking assistance
☐Sunglasses in class
☐Limited exposure to computer screens
☐Physical Education modification – describe physical activity restrictions and duration: _____

_____

☐Other: _____
☐Other: _____

Name of Medical Professional: _____

Type of Medical Professional:

☐Physician ☐Nurse Practitioner ☐Neurologist ☐Neuropsychologist ☐Physician Assistant ☐Licensed Athletic Trainer

License # and State: _____

Address: _____

Telephone: _____

Signature (verifying that you are not related to the student by blood or marriage):

_____

Date: _____