

Medical Documentation Form for Accommodations

Accessibility and Disability Services

Horry-Georgetown Technical College

TO THE PROVIDER: To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's condition from the diagnosing psychiatrist, psychologist, licensed counselor, or physician (the provider cannot be a relative of the student). Specific information concerning the student's condition, its impact on learning, and recommended accommodations must be provided.

This template should be **completed and signed by a qualified healthcare professional** who is licensed to diagnose and treat the student's medical condition. This form may be submitted in place of, or in addition to, a letter on the provider's official letterhead as outlined in our [Documentation Guidelines](#).

Student Information

Full Name: _____

Date of Birth: _____

Student ID (if known): _____

Provider Information

Name: _____

Title/Profession/License: _____

Phone: _____

Email: _____

Practice/Facility Name: _____

Address: _____

Diagnosis and Medical History

Diagnosis(es) (include DSM/ICD code if applicable):

Date(s) of Diagnosis(es): _____

Is this condition temporary or permanent? Temporary Permanent Unknown at this time

Describe your treatment plan for the above diagnosis(es):

Expected Duration, Date of Re-Evaluation, or End Date:

Functional Impact

Describe the functional limitations or impact of the condition on the student's academic performance or daily functioning:

Describe any pertinent medical information, such as side effects of medication:

Recommended Accommodations

Please list specific accommodations you recommend to enable the student to meaningfully participate in the educational program:

Provider Certification

I certify that the above information is accurate and based on my professional evaluation of the student's condition.

Signature: _____

Date: _____

The Office of Accessibility and Disability Services provides students with disabilities an equal opportunity to participate in and benefit from programs and services offered at HGTC. We are dedicated to providing appropriate services and reasonable accommodations to students with documented disabilities, in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), and other applicable regulations.

Email: disabilityservices@hgtc.edu

Phone: 843-796-8818 (call or text)