Chronic Health or Medical Conditions

These may include, but are not limited to asthma, allergies, diabetes, irritable bowel syndrome, liver disorder, sleep disorder, etc.

- **Current Diagnosis(es)**
- **Presenting Concerns** - Discussion of how the student’s current symptoms (ongoing difficulties and behaviors) substantially impact living, learning and academic achievement in a postsecondary environment.
- **Background History** – Information regarding the student’s history of any prior accommodations received (i.e., in high school, another University setting, etc.).
- **Medications/Treatment** – Information regarding the student’s current medication(s) (including dosage/frequency and any known adverse side effects), and/or current treatments (i.e., infusions, insulin pump, chemotherapy, etc.).
- **Recommendations** – specific recommendations for accommodations, auxiliary aids and/or services based on the impact of the condition in the postsecondary environment.
- **Evaluator Qualifications** – Information should be typed, on letterhead and include name and title, license number with state (if applicable), address, phone number, fax number, email address and signature of evaluator or medical professional.

Documentation may be submitted confidentially via:

**Online by the student:** MyAccess at [https://myaccess.apps.sa.uconn.edu/](https://myaccess.apps.sa.uconn.edu/) (requires a UConn NetID and password)

**E-mail:** myaccess-csd@uconn.edu

**Fax:** (860) 486-4412

**Mail:** Center for Students with Disabilities
University of Connecticut
233 Glenbrook Rd., Unit 4174
Wilbur Cross, Room 204
Storrs, CT 06269-4174