



Disability Coordinator
PO Box 4701, Norman, OK 73070

405.217.8204 fax 405.364.1739
barbara.rice@mntc.edu

Last Name: _____ First: _____ Middle: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell/Work Phone: (_____) _____ - _____

Concerns about this student are appropriate accommodations in an educational setting and workplace environment.

TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR, DOCTOR OF OSTEOPATHY, OR ADVANCED REGISTERED NURSE PRACTITIONER (ARNP):
Information in the following areas would be helpful to the school in planning the student's needs, both in the educational and work settings. Please respond as appropriate, including any applicable medical diagnosis.

General health; motor functioning; neurological findings; allergies; dietary considerations; vision (attach eye report); hearing (attach audiogram); medications, including purpose and possible reactions; other pertinent information; recommended accommodations.

This information will be maintained in accordance with the Family Educational Rights and Privacy Act (34 CFR Part 99) and Individuals with Disabilities Education Act (IDEA).

Medical or epidemiological information or records which identify any person as having a communicable or venereal disease (such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus [also known as AIDS]) shall be strictly classified as confidential pursuant to Title 63 O.S. § 502.2.

Physician's or ARNP's name, address, and telephone number (typed or stamped)

Physician's/ARNP's Signature

Date