

Student Accessibility & Inclusive Learning Services Verification of Mobility Impairment

Todays Date.	Due Date:	ASU IE	Number:	
staff, and faculty wit disability are require completed form by fa	bility & Inclusive Learning Serventh limited mobility due to a med to have this form completed fax (480.965.0441) or email to make and/or not returned by	edical condition(s). d by their attending student.accessibili	Participant with an a g medical provider. P ty@asu.edu. Service	ambulatory lease return
medical information Learning Services of	give permis to DART located at Arizona ffice for the purpose of mak if you have any qu	State University, ing the appropria	Student Accessibility	and Inclusive
Patient Signature:			Date:	
		ED BY MEDICAL PR		
provide the accommanyone. Please take ie: intense summer h	ry/illness:	d will remain confi tal conditions that	dential and will not b may also impact the	e shared with patient's condition.
C. Patient's max	ited to walking feet. ximum walking distance is pected to begin walking on ow		s). (weight bearing.r	
C. Patient's max D. Patient is exp		n in week(s). (weight bearing, r	
C. Patient's max D. Patient is exp	ximum walking distance is bected to begin walking on ow bected to fully recover in	n in week(
C. Patient's max D. Patient is exp E. Patient is exp	ximum walking distance is bected to begin walking on ow bected to fully recover in	n in week(weeks(s).	ΓΙΟΝ	
C. Patient's max D. Patient is exp E. Patient is exp	ximum walking distance is pected to begin walking on ow pected to fully recover in	n in week(weeks(s). OVIDER INFORMA	ΓΙΟΝ	ehabilitation, etc.)
C. Patient's max D. Patient is exp E. Patient is exp Medical Provider's	ximum walking distance is bected to begin walking on ow bected to fully recover in MEDICAL PRO 's Name:	n in week(weeks(s). OVIDER INFORMA	FION State:	ehabilitation, etc.)
C. Patient's may D. Patient is exp E. Patient is exp Medical Provider's Address: COMMENTS:	ximum walking distance is bected to begin walking on ow bected to fully recover in MEDICAL PRO 's Name:	n in week(weeks(s). OVIDER INFORMA City:	Fax:	ehabilitation, etc.)Zip:

Student Accessibility & Inclusive Learning Services

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