



## Verification of Physical Disability/Disorder

Excelsior College provides services and accommodations to persons with disabilities to ensure equal access to educational programs and activities. Current and comprehensive disability documentation from an appropriate provider (unrelated to the student) is required to assist with the provision of appropriate, reasonable accommodations and auxiliary aids. Additional documentation may be required.

To be completed by - a physician who specializes in the area of the physical disability. The form may also be completed by Primary Care Provider with knowledge/documentation regarding specialized needs of the patient.

Please print or type:

Today's Date: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Functional limitation(s) caused by this condition:

\_\_\_\_\_  
\_\_\_\_\_

Recommended accommodation(s) or auxiliary aids:

\_\_\_\_\_

Lifting Limitations, if any, in pounds: \_\_\_\_\_

Anticipated duration of accommodations (for temporary conditions only):

\_\_\_\_\_

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For Students with Lifting/Movement Restrictions:

Technical Standards for the associate degrees in nursing include the ability to “Stand, sit, lift, move, and tolerate the required physical exertion necessary to meet the demands of providing safe clinical care.” An illustrative but not exhaustive list of assigned tasks includes:

- push a 165-pound patient in a wheel chair
- raise and lower side rails/crib rails on a hospital bed or crib
- assist an adult patient to reposition while in bed
- push/move an IV pole on wheels with 2 one liter IV bags hanging from it
- push/move a wheeled IV pole with an electronic infusion pump and a liter sized IV bag
- perform CPR on an adult or infant
- move/reposition an adult's limb with a plaster cast
- raise/lower/move an overbed stand
- assist an adult patient in moving out of bed to a chair
- lift and carry an infant/toddler.

Physician’s Statement for the Clinical Performance in Nursing Examination (CPNE®):

1. “I agree that my patient, \_\_\_\_\_, can perform the tasks illustrated above during CPNE.”
2. “I hereby indicate that my patient will be able to safely address the physical needs (including mobility) and psychological needs of the pediatric and adult patients assigned during the examination.”

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return via mail to: Accessibility Services, Excelsior College, 7 Columbia Circle, Albany, NY 12203 or as a scanned attachment to message to Disability/ADA Services through the Excelsior College Message Center. The completed form may also be emailed to [ACS@excelsior.edu](mailto:ACS@excelsior.edu).

STUDENT RELEASE (sign and date) I authorize the above provider to release to the Accessibility Services the above requested information for the purpose of determining appropriate accommodations for my permanent or temporary disability while a student at Excelsior College.

Signature of Student: _____ Date: _____
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