

**Johnson University Verification Form for Students with a  
Temporary Disability  
(Must be completed by student's physician)  
7900 Johnson Drive  
Knoxville, Tennessee 37998  
Office: 865-251-2426 Fax: 865-251-2337**

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

Student Name \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Injury/Surgery/Illness \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_

**Suggested Academic Accommodations:**

The above student will benefit from the following short term academic supports (checked items apply):

- No classes for \_\_\_\_\_ days
- No classes until re-evaluated on \_\_\_\_\_
- Extra time to complete: Coursework Assignments Quizzes, tests, and exams
- No significant classroom testing or standardized testing
- Reduced distraction testing environment
- Note taking assistance
- Student may request a reader for coursework and assessments as needed
- Scribe for quizzes, tests, and exams
- Allow student to leave class if symptoms/pain worsens during class time
- Alternate method of attending chapel
- Other recommendations: \_\_\_\_\_

**Physical Limitations/Accommodations:**

The above student should adhere to the following recommendations regarding physical and athletic participation (checked items apply):

- May not return to sports/athletics until further notice
- Aerobic, non-contact activities as tolerated (walk, run, or jog)
- Is medically cleared to participate in full activities
- May gradually return to sports/athletics (for student athletes) under the supervision of an appropriate person (e.g. athletic trainer, coach). Return to play as per return-to-play guidelines
- May request access to handicapped parking
- May need assistance to access classes
- May need handicapped accessible desk
- May need more time to transition from class to class (if classes are back to back)
- Other recommendations: \_\_\_\_\_

These recommendations will be reviewed and updated on \_\_\_\_\_

Accommodations Plan completed by \_\_\_\_\_

(MD, APRN, or PA signature)

Printed Name \_\_\_\_\_