

Specific Guidelines for Mental Health, Mobility, Sensory, and Other Health ConditionsStudent Name (First, Middle, Last): Chavontre Sharron RossDate of Birth: 04/27/2000 AUM Email: _____@aum.eduAddress: 2141 East Aberdeen DrCity: Montgomery State: AL Zip: 36116Phone: (334) 425-4736**To Be Completed by the Health Care Professional**

1. What is the diagnosis, date of diagnosis, and last contact with the student?

physical exam, 7/21/21

2. List co-morbid diagnoses or other health issues that might complicate this condition.

N/A

3. Severity of the disability: ☐ Negligible ☐ Moderate ☐ Severe

4. Duration of the disability: ☐ Six Months or Less ☐ Greater than Six Months

5. Describe the progression of this disability, if applicable.

N/A
