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## Type of Disability

### Mobility Impairment:

Amputation: \_\_\_\_\_

Arthritis: \_\_\_\_\_

Paraplegia: \_\_\_\_\_

Quadriplegia: \_\_\_\_\_

Other: \_\_\_\_\_

### Chronic Medical Condition:

Cardiovascular Disease: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Hemophilia: \_\_\_\_\_

Other: \_\_\_\_\_

### Psychological/Psychiatric Disorder:

Attention Deficit Disorder/ADHD: \_\_\_\_\_

Learning Disability: \_\_\_\_\_

Other: \_\_\_\_\_

Traumatic Brain Injury: \_\_\_\_\_

Other: \_\_\_\_\_

Hearing Impairment: \_\_\_\_\_

Vision Impairment: \_\_\_\_\_

Is the disability: \_\_\_\_\_ Temporary \_\_\_\_\_ Permanent

If temporary: Expected time until recovery: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date