



Required Documentation for Visual Disability

Documentation provided by an ophthalmologist, optometrist or treating physician must be provided. The University reserves the right to request supplemental information to verify a student's current functional limitations. Documentation should include the following:

1. Student Name and Date of Birth;
2. Printed Name, License Number and Signature of Certifying Professional;
3. Business Address; Business Phone Number; and Business Fax number
4. Date of the most recent visit to the medical provider/diagnostician;
5. Clear, concise description of a visual impairment;
6. An assessment procedures/evaluation instruments summary of impairment diagnosis;
7. Specific functional limitations related to the impairment(s), particularly as they pertain to an academic environment;
8. A description of treatments, assistive devices and their estimated effectiveness in minimizing the impairment impacts (i.e. corrective lenses, vision therapy); and
9. Prognosis and anticipated duration of the impairment and limitations (permanent/temporary).

All documentation is confidential and should be submitted to:

UCM Disability Services
5200 N. Lake Rd., Suite KL 107
Merced, CA 95343
Phone: (209) 228-6996
Fax (209) 228-4661