

# Disability Accommodations

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The Academic Skills Center, located in room 211 of the Wright Campus Center, addresses the academic needs of students with documented physical, psychological and learning disabilities.

Accommodations are provided in accordance with the Americans with Disabilities Act Amendments Act, ADA-AA, for eligible students upon request. Eligible students must provide documentation that appropriately substantiates the need for requested accommodations.

Once you file appropriate documentation, you will meet with the Director of the Academic Skills Center to identify accommodations and other suitable academic strategies. At the beginning of each semester, you will be required to fill out paperwork with the director to request the use of accommodations for courses in which you are currently enrolled.

Please complete the following questions so that the College will have an idea of the services you may need. All information disclosed on this form will be kept confidential and will be shared with appropriate college personnel on a need-to-know basis only.

*If you think you might need to request accommodations at any time while at Austin College, please complete this form and send a copy of any documentation you have to:*  
**900 North Grand Avenue, Suite 61629, Sherman, TX 75090**  
**903-813-2247**

For more information about disability accommodations or the Academic Skills Center, please visit

<http://www.austincollege.edu/campus-life/academic-skills-center/>.

You may also contact us at [ASC@austincollege.edu](mailto:ASC@austincollege.edu) or call (903) 813-2454.

**I do not require any accommodation.**

1. What is the nature of your disability?

\_\_\_\_\_

2. How and when was your disability diagnosed and documented?

\_\_\_\_\_

3. What types of accommodations have you used?

\_\_\_\_\_

\_\_\_\_\_

4. What accommodations are you requesting at Austin College?

\_\_\_\_\_

5. Are there any new accommodations you anticipate requesting? If so, please specify.

\_\_\_\_\_

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



900 North Grand, Suite 61629 Sherman, TX 75090-4400

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMERGENCY NOTIFICATION

_____ PRIMARY NAME	_____ RELATIONSHIP	_____ DAY PHONE
_____ CELL PHONE		_____ EVENING PHONE
_____ SECONDARY NAME	_____ RELATIONSHIP	_____ DAY PHONE
_____ CELL PHONE		_____ EVENING PHONE

## AUTHORIZATION

- I authorize the Health Services at Austin College to administer treatment by licensed nursing and medical personnel for emergency and routine health care. This would include assessment, treatment and, if necessary, referral or hospitalization. If health care is needed in the absence of Health Service personnel, a college representative may choose local health services on my behalf.
- I authorize disclosure of health care information related to my medical history, diagnosis, treatment, or prognosis in case of Emergency Room care or hospitalization to the following AC personnel:
  - Director of Health Services
  - Director of Counseling Services

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

\_\_\_\_\_  
Date

# Physician Assistant (PA) Program

## Student Physical Examination

(Must be completed by a Physician, PA or Nurse Practitioner)

**TO THE EXAMINING PROVIDER:** *Please complete this form and note if student is cleared to participate in training to become a PA. A signature is required.*

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

	Normal	Abnormal Findings
Head, Ears, Nose and Throat		
Eyes		
Respiratory		
Cardiovascular		
Gastrointestinal		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Skin		

Is the student medically cleared to participate in the PA program at Austin College?  Yes  No  
 If no, please explain \_\_\_\_\_  
 \_\_\_\_\_

If activity is limited, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Is this student on any medication?  Yes  No  
 Name and dosage? \_\_\_\_\_  
 \_\_\_\_\_

Date of examination \_\_\_\_\_

Signature of Provider \_\_\_\_\_

Printed Name of Provider \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Is this student under treatment for any physical condition?  
 Yes  No Explain \_\_\_\_\_  
 Any recommendations for care of this student? \_\_\_\_\_  
 \_\_\_\_\_



Dear Austin College Student,

Austin College is pleased to offer two ways to manage your required health insurance coverage. The first option is if you currently active medical insurance, you may waive-out (decline) the student health insurance. The second option is if you do not currently have health insurance you should enroll in the college student health insurance. Premiums for the student health insurance are below.

**All students must login to the AHP website and waive/enroll in the student health insurance.** Failure to do complete a waiver prior to the due date will result in your account being charged and enrolled in the plan.

<p>6/1/2024 – 5/31/2025</p> <p>\$2,800.00</p> <p>Waiver/Enrollment Period</p> <p>02/26/2022 – 05/17/2022</p>
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\*You can pick up coverage at any time during the year with a “Qualifying Life Event” by contacting our office.

***ALL students must login to this system and follow the steps to EITHER waive the coverage or to enroll.***

**To Waive the of Student Insurance Plan**

*(If you currently have an active medical insurance plan and covers you for the whole academic year)*

**Step 1:** Please have your medical insurance card on hand. Go to this link <https://austincollege.myahpcare.com/>

**Step 2:** Your user ID is your AC Student ID with one leading “0” in front (i.e. 035#####).

**Step 3:** Your password is your birthdate (i.e. 07051978)

**Step 4:** After logging-in, click on the red button to submit waiver. Complete the waiver form using the information from your medical insurance card. DO NOT leave any blanks. You can type N/A if it does not apply.

**Step 5:** Upload a copy of the front and the back of your insurance card to the form.

**Step 6:** Click “submit” at the bottom of the form when you are done. You should see confirmation appear that you have waived.

\* If after following these steps, you are unable to log into your AHP account to waive, please contact AHP Customer Service at (855) 370-7215.

**To Enroll in Student Insurance Plan**

*(If you do not have a currently active medical insurance for the academic year.)*

**Step 1:** Go to this link <https://austincollege.myahpcare.com/>

**Step 2:** Your user ID is your AC Student ID with one leading “0” in front (i.e. 035#####).

**Step 3:** Your password is your birthdate (i.e. 07051978)

**Step 4:** Click on the green “One Click Enrollment” button.

**Step 5:** Read the information and type your initial to e-sign your consent

**Step 6:** Click “submit” at the bottom of the form when you are done. You should see confirmation appear that you have waived.

\* If after following these steps, you are unable to log into your AHP account to waive, please contact AHP Customer Service at (855) 370-7215.