I. **A qualified professional must conduct the evaluation.**
   - Name, title, professional credentials, licensure/certification information, and location of practice must be included on any reports submitted.
   - Evaluators must have training in, and experience with, the diagnosis of like or similar conditions in adults.
   - Appropriate professionals are usually licensed physicians, often with specialty training. Optometrists are appropriate for visual conditions addressed in their training. Allied health professionals (such as audiologists, neuropsychologists, or physical therapists) may be considered appropriate as well, often as part of a team.
   - Evaluations performed by members of the student’s family are not acceptable.
   - All reports must be signed by the primary evaluator, and should include a completed Geisel form (if feasible), as well as any additional information typed on letterhead.

II. **Documentation must be current.**
   - Reports should be based on evaluations performed within a reasonable time frame, depending on the degree of change associated with the diagnosed condition(s). Generally a reasonable time frame is not more than three years, but it may be much shorter in many instances.
   - Reports should accurately describe the current impact of the diagnosed condition.
   - They should indicate the currently anticipated course of the condition.
   - They should mention any currently mitigating factors (e.g. medication, wheelchair, or hearing aids).

III. **Documentation must be comprehensive.**
   - Reports should include a history.
   - Reports should include both description and evidence of impairment.
   - They should briefly describe any current treatment plan.
   - A specific diagnosis (or more than one) must be included.
   - Documentation should address any coexisting conditions, suspected coexisting conditions, or other confounding factors.
   - Documentation must indicate whether or not, in the opinion of the evaluator, the diagnosed condition(s) rises to the level of a disability as defined by Section 504 of the Rehabilitation Act and the ADAAA (substantially limiting a major life activity – such as standing, working, learning, walking, hearing, or caring for oneself).
   - There must be a clear indication of the individual student’s functional limitations, as well as a prognosis.
   - Documentation should include recommendations for accommodations that are directly related to the functional limitations (and relevant to a medical school environment if possible.)
   - A rationale, explaining why each recommendation for accommodation is appropriate, should be provided.
   - If the student is considered a potential danger to self or others, including patients under his or her care, that information must be included. If there are only certain circumstances under which a potential danger exists, that should be explained as well.