

## NFLP DISABILITY CHECKLIST

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CONSENT FOR RELEASE OF INFORMATION (Y/N): \_\_\_\_\_

DATE ENTERED SCHOOL: \_\_\_\_\_ DATE TERMINATED: \_\_\_\_\_

TOTAL AMOUNT OF LOANS OBTAINED (Including interest): \_\_\_\_\_

NUMBER OF CANCELLATIONS: \_\_\_\_\_ AMOUNT OF UNPAID BALANCE: \$ \_\_\_\_\_

EMPLOYMENT PRIOR TO DISABILITY: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

DATE AND NATURE OF ONSET: \_\_\_\_\_

**MEDICAL EXAMINATION, TREATMENTS, HISTORY OF ILLNESS, HOSPITALIZATIONS, INPATIENT AND OUTPATIENT TREATMENTS, MEDICATIONS** (Include copies of all pertinent past medical records in addition to documentation of a CURRENT medical evaluation):

CURRENT MEDICATIONS: \_\_\_\_\_

PROGNOSIS: \_\_\_\_\_

REHABILITATION PLANS: \_\_\_\_\_

IS ANY TYPE OF GAINFUL EMPLOYMENT POSSIBLE? \_\_\_\_\_

NOTES: