

(Da stampare su carta intestata del Medico/Struttura Sanitaria / To be printed on Doctor's/Medical Institution Letterhead)

Medical Certificate for ETS Testing Accommodations

Date: _____

To:

ETS Global – Disability Services Subject: Medical Certification and Accommodation Request

1. CANDIDATE INFORMATION

- Full Name: _____
- Date of Birth: _____

2. RECOMMENDED ACCOMMODATIONS Based on the candidate's clinical diagnosis and functional limitations, I recommend the following accommodations for the ETS test

(please check the relevant boxes based on the clinical needs):

Time Adjustments:

- Additional time for the Reading section
- Additional time for the Listening section
- Breaks (Supervised breaks regarding medical needs)

Visual & Reading Supports:

- Enlarged A3 format test booklet
- Enlarged A3 answer sheet
- Omit the Reading section (Only if strictly necessary regarding the disability)

Hearing & Audio Supports:

- Use of headphones for the Listening section
- Audio test (Listening section only) (Note: ETS does not provide audio for Reading sections)
- Reader / Oral Interpreter Script for the Listening section
- Omit the Listening section

Other Medical Needs:

- Medical equipment (Please specify: _____)
- Food and beverages in the testing room
- Other: _____

4. PROFESSIONAL CERTIFICATION

I certify that the information provided above is true and correct to the best of my knowledge and that the recommended accommodations are appropriate for the candidate's condition.

- **Name of Professional:**

- **Title/Specialization:**

Signature: _____

(Stamp of the Medical Professional/Institution)
