

CAMPUS HEALTH EVALUATION AND RELEASE

Student's Name _____ PID _____ Date _____

Petition to withdraw/drop _____
(Course name/number/section) (semester/year)

To the student: At your request, Campus Health Services will review your medical history and forward a medical evaluation to the Academic Dean's Office as a part of your petition to change your course load for medical reasons. Campus Health Services does not make these academic decisions; however, we will make every effort to insure that a fair and objective medical evaluation is forwarded to the Dean's Office and the appeals committee. The contact with academic officials will be limited to the information included on this sheet unless we have your written permission to forward further information or to speak directly to the administrative officials processing your petition.

Campus Health Services has my permission to release information from my medical file which pertains to this petition and which is deemed necessary to substantiate the reasons for the petition. ____ Yes ____ No

Campus Health Services has my permission to speak directly to the Dean's Office: ____ Yes ____ No

Student's Signature _____ Date _____

Academic Administration: At your request the medical history of the student named on this petition was reviewed which enables us to send the following information:

____ 1. There are medical factors, which may influence your evaluation of the student's request. Our records show the extent of medical impairment to have been:

____ a) Mild - An acute problem which interferes with functioning for a few days, but which might not require bed rest; a problem for which it is difficult to know the extent of any academic impairment.

____ b) Moderate - A problem, acute or long standing, which requires time out of class and/or medication and probably interfered with academic performance for a cumulative time of several days to two weeks.

____ c) Severe - A problem, acute or long-standing, perhaps requiring hospitalization and significantly impairing academic performance for a cumulative time of two weeks or more.

____ 2. While medical factors are present, they appear non-contributory and there is no apparent medical reason why they should influence the academic process.

REMARKS: (Diagnosis, Prognosis, # of visits @ CHS or outside providers, # of visits to specialists)

Practitioner/Reviewer Date _____

Practitioner's printed name Director of Medical Services, Campus Health Services Date