Healthcare Provider Verification of Medical Condition Form

Purpose of the Form

This form serves as documentation of medical/health issues in support of a student petition. A completed form must accompany the petition submitted to San Jose State University.

Student Instructions

Complete Section I before giving this form to your healthcare provider. Attach a copy of your *completed* university petition (drop, withdrawal, reinstatement, leave of absence, or other) except for signatures to this form before submitting to your healthcare provider. Take this completed form to the signers on the petition.

Section I. For Completion by the STUDENT		
Student Name	Student ID	Phone No. (cell preferred)
Preferred eMail Address		
I authorize the healthcare provider named below to complete this form and provide the information requested by San Jose State University. **NOTE:** The information sought on this form pertains **only** to the condition for which the student is submitting a petition.		
Student or Patient Signature		Date

Healthcare Provider Instructions

The student above has requested a course drop, semester withdrawal, or leave of absence for health reasons or to care for your patient. The completed university petition must be attached by the student for your consideration. Please answer all applicable parts below. Limit your responses to the condition for which the student is requesting a drop, withdrawal, or leave. We do not wish to know any specifics of the medical condition, only whether, in your best judgment, the student's coursework performance is (for a leave or withdrawal from current classes) or was (for a retroactive withdrawal from classes in the past) likely to be critically affected by his or her medical condition. For mental health cases, we wish to have distinguished stress resulting from poor academic performance from that causing the poor performance.

Late in or following a semester, it is extremely rare for the university to allow individual courses taken within an array of courses to be dropped. It would require that sound medical reasons exist – rather than simply poor academic performance - to justify why one or more courses should be treated differently than other courses enrolled in during the same term. Thus you may be specific about types of coursework that are to be restricted, such as physical education activity courses or laboratory or fieldwork courses. Keep in mind that a student may have a condition that lasts only a small portion of a semester so that accommodations from the instructor would be sufficient to allow course completion without a course drop.

Section II. For Completion by the HEALTHCARE PROVIDER
Part A: Medical Facts

1. Name of Student/Patient _____
2. Approximate date medical condition began _____
3. Date student was able to or will be able to return to coursework _____
4. Is or was the condition severe enough to prevent the patient/student from successfully completing his or her semester studies (coursework) in the time period indicated? ☐ Yes ☐ No

5. Do you authorize any specific restriction on coursework (such as physical activity courses)?

_____

_____

_____

6. In your medical opinion, is the medical condition serious enough to warrant the withdrawal from an entire semester's set of classes or to warrant a leave of absence for one or more semesters? ☐ Yes ☐ No
7. Under unusual circumstances, such as the need for treatment during a particular time of day that interferes with an existing class schedule, we allow students to drop a single class while continuing to attend the others. For the most part, we hold to the policy that if a student is well enough to attend some of his or her classes, he or she is well enough to attend them all. Does this student's condition or treatment plan warrant a drop from a single class? Please see the instructions on the previous page. ☐ Yes ☐ No

Section II. For Completion by the HEALTHCARE PROVIDER
Part B: Healthcare Provider Information

Name of Healthcare Provider	Address
Phone	
State License Number	Licensed to Practice in the State(s) of
Signature	Date

Optional Provider Notes