



# 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. <b>NOTE:</b> The information sought on this form pertains <b>only</b> 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 sections below. Limit your responses to the condition for which the student is requesting a drop, withdrawal, or leave. Do not provide 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 diagnosis, address stress resulting from poor academic performance distinguished from significant non-academic stresses that are likely to be causing the poor academic 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. Dropping an individual course requires 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. For that reason, 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 the duration of a student's condition may temporarily affect a lesser 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. Date of diagnosis \_\_\_\_\_
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. Is the medical condition serious enough to warrant withdrawal from an entire semester's set of classes (a past or the current semester) or a leave of absence for one or more future semesters?  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 Healthcare Provider Notes**