



**MEDICAL VERIFICATION FORM
 FOR PRE-NURSING APPEALS WITH EXTENUATING CIRCUMSTANCES**

Student: If a physical or mental health issue contributed to your academic performance or becoming ineligible for program admission, your healthcare professional should verify the extenuating circumstances explained in your pre-nursing appeal request.

Medical records are not required if this form is submitted.

Student Section: (The student submitting the appeal will complete this section)

Student Name: _____ Tech ID: _____

Student mavmail address: _____

Semester(s) impacted by condition being documented:

Fall_____ Spring _____ Summer _____; Fall_____ Spring _____ Summer _____

I hereby authorize my healthcare professional to document my case.

Student Signature: _____ **Date:** _____

Medical Personnel Section: (The medical provider will complete this section)

The student named above is requesting documentation of a physical or mental health issue which may have impacted their academic performance.

Provider Name: _____

Contact information: _____

Physical/mental health issue (brief description; attach additional pages if needed):

Date of onset of issue: _____ Duration of issue: _____

In your opinion, did the issue impede the student's ability to attend class? Yes ___ No ___

Please list the dates when attendance may have been impacted: _____

In your opinion, did the issue impede the student's ability to complete coursework? Yes___ No ___

Please list the dates when coursework may have been impacted: _____

In your professional opinion, has treatment progressed to the point where resumption of coursework and attendance is a reasonable expectation for the student? Yes ___ No ___

Provider Signature: _____ Date: _____