

Medical Verification Form for Pre-Nursing Appeal

Allied Health & Nursing Advising Office, 360 Wissink Hall, Mankato, MN 56001
Phone: 507-389-6315 Email: NursingAdvising@mnsu.edu



If a physical or mental health condition contributed to your inability to complete course (s), your healthcare professional should verify the extenuating circumstances explained in your registration appeal using the form below.

MEDICAL RECORDS ARE NOT REQUIRED IF THIS FORM IS COMPLETED BY A MEDICAL PROVIDER

Student Information: Completed by the student prior to submitting to a medical provider.

Last Name: _____ **First Name:** _____

Tech or Star ID: _____ **MSU Email Address:** _____

Term(s) impacted by condition being documented:

Fall 20 _____ Spring 20 _____ Summer 20 _____

I authorize my healthcare professional to document/verify my condition for this situation.

Student Signature: _____ **Date:** _____

Medical Provider Section: The medical provider must complete this section.

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

Provider Name: _____

Provider Contact Information: _____

Physical/Mental Health Condition (brief description; attach additional pages if needed):

Date of Onset of Condition: _____ **Duration of Condition:** _____

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

If yes, please list dates when attendance may have been impacted: _____

In your opinion, did the issue impede the student's ability to COMPLETE coursework? Yes No

If yes, please list dates when coursework may have been impacted: _____

Provider Signature: _____ **Date:** _____

Medical provider should return this form to the student. The student is responsible for submitting the form with their Registration Appeal.