

Medical Form

Undergraduate Academic Regulations Committee (ARC)



UNIVERSITY of
SOUTH FLORIDA

Student Success

Office of the Registrar

INSTRUCTIONS

Part II of this form needs to be completed in its **entirety** by the appropriate medical professional, including the provider's signature. Students should include this medical form with their complete petition packet.

PART I. TO BE COMPLETED BY THE STUDENT

Student's Name _____ USF ID _____ Relevant Time Period _____

Affected Semester (s) _____ Medical problem pertains to: Student Family Member

I am requesting (name of healthcare provider) _____ to release the information requested below to the University of South Florida Academic Regulations Committee for the purpose of supporting my ARC petition. If you do not wish this form to be stored in your permanent file, please check here

Student's Signature _____ Date _____

PART II. TO BE COMPLETED BY HEALTH CARE PROVIDER

The student listed above is petitioning the Academic Regulations Committee of the University of South Florida for special consideration regarding a USF regulation. The student feels a medical problem may have directly or indirectly contributed to the need for such consideration. At the student's request, we would appreciate your cooperation in answering the following questions. Thank you for your assistance in this matter.

Provider's Name _____ License Number & State _____

Provider's Address _____ Phone _____

Dates you treated this patient or family member _____

In your opinion, was there a time period that the student was unable to attend class? YES NO

If yes: From (Date) _____ To (Date) _____

Would length of class be pertinent to the student's ability to attend? (i.e. student could attend a 1 hour class, but not a 3 hour lab)

YES _____ NO _____ If Yes, please explain _____

Would this medical condition affect the student's ability to study or engage in class activities for periods of time? (i.e. labs, field experiences, or physical activity)

YES _____ NO _____ If Yes, please explain _____

Would medications prescribed interfere in any way with the student's performance?

YES _____ NO _____ If Yes, please explain _____

In your opinion, would it be medically necessary for the student to withdraw from all classes during the affected term(s)?

YES _____ NO _____

In your opinion, would it be medically necessary for the student to reduce his or her course load during the affected term(s)?

YES _____ NO _____

Additional Comments (Please supply comments on letterhead if space is insufficient):

Health Care Provider's Signature _____ Date _____