



Medical/Clinical Verification Form



Petition Services

BYU Box

Accessibility Center

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Financial Aid

Financialservices@byu.edu

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Provo, UT 84602
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Full Name (Last, First Middle)	BYU ID #	Semester/Term/Year
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I authorize the release of my medical records to the university in order to provide information relevant to my petition.

Student signature: _____

Date(s) student was under your care: _____

1. Does the student have a physical or mental impairment? Yes No

If yes, symptoms/diagnosis _____

Does the impairment substantially limit a major life activity compared to most people?

Yes No

If yes, what major life activity or bodily functions?

Major Life Activities

- Bending
- Breathing
- Caring for self
- Concentrating
- Eating
- Other: (describe) _____
- Hearing
- Interacting with others
- Learning
- Lifting
- Performing manual tasks
- Reading
- Seeing
- Sitting
- Sleeping
- Speaking
- Standing
- Thinking
- Walking
- Working

Major Bodily Functions

- Bladder
- Bowel
- Brain
- Other: (describe) _____
- Cardiovascular
- Digestive
- Endocrine
- Immune System
- Musculoskeletal
- Neurological
- Normal cell growth
- Respiratory

2. To what degree did the illness/injury/disorder impact the student's ability to perform academically?

Significant Moderate Low Not at all

3. Expected time frame the student to be affected by the illness/injury/disorder?

1-2 Weeks 1-3 months 3-6 months 6-12 months 1 year or longer

Additional Comments (You may attach a separate statement, if desired.) _____

Specific recommendations/accommodations:

- Decrease credit hours to _____
- Leniency with absences
- Extended time to complete tests
- Withdraw from classes for semester
- Extended time to complete assignments
- Distraction-reduced environment for taking tests

Medical/Clinical Professional's Printed Name: _____ License #: _____

Medical/Clinical Professional's Signature: _____ Date: _____

When updating this form, make sure the Petition website and the Financial Aid (Registrar's Petition) website and the Scholarship website have the updated version in .pdf. Accessibility Center prints copies from the Petitions website.

Financial Aid [saas.byu.edu/financialAid/forms/scholarships/physicians form](https://saas.byu.edu/financialAid/forms/scholarships/physicians%20form)

Petitions registrar.byu.edu/registrar/petitions/medical or go to Petitions>forms