



# Medical/Clinical Verification Form



Petition Services       Accessibility Center

Fax: 801-422-0615      Fax: 801-422-0174

Financial Aid       International Office

Fax: 801-422-0235      Fax: 801-422-0644

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Provo, UT 84604  
(801) 422-2773  
Fax: (801) 422-0764

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: \_\_\_\_\_

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Date(s) student was under your care: \_\_\_\_\_ Location of care: \_\_\_\_\_

Nature of illness or injury (diagnosis and progress): \_\_\_\_\_

\_\_\_\_\_

- How many school days were/will be missed as a result of the student's illness/injury/disorder?  
 1-3 days     4-8 days     9-13 days     14+ days     Undetermined
- To what degree did the illness/injury/disorder impact the student's ability to study?  
 Significant     Moderate     Low     Not at all     Undetermined
- To what degree did the illness/injury/disorder impact the student's ability to make reasonable decisions?  
 Significant     Moderate     Low     Not at all     Undetermined
- Expected time frame the student to be affected by the illness/injury/disorder?  
 1-3 days     4-8 days     9-13 days     14+ days     Undetermined
- To what degree were you able to assess the student's illness/injury/disorder?  
 Significant     Moderate     Low     Not at all     Undetermined

Were there other factors contributing to the student's inability to perform at his/her best? Please explain.

\_\_\_\_\_

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

\_\_\_\_\_

### Specific recommendations/accommodations:

- Decrease credit hours to \_\_\_\_\_     Withdraw from classes for semester
- Leniency with absences     Extended time to complete assignments
- Extended time to complete tests     Distraction-free 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](http://saas.byu.edu/financialAid/forms/scholarships/physicians_form)

Petitions [registrar.byu.edu/registrar/petitions/medical](http://registrar.byu.edu/registrar/petitions/medical) or go to Petitions>forms