

Medical Condition Verification Form

Instructions to the Applicant:

This form should be completed by a practitioner in the BYU-Idaho Student Health Center (it can be used by other medical practitioners as needed) and submitted with the appropriate petition or application (e.g., Medical Deferment Application, Academic Exception Petition, etc.)
The purpose of this form is to provide a formal method for a qualified medical practitioner to verify medical conditions or other considerations that could affect a student's application or petition. Submitting this form does not guarantee a specific action or result for an application or petition.

Please fill out the following information (Please print or type):

Student Name: _____ I-Number: _____-_____-_____ Date of Birth: ____ / ____ / _____

Number of visits to your medical facility during _____ (e.g. Fall, Winter, Spring) semester: _____

Diagnosis (brief explanation in layman's terms if necessary): _____

When will the student be able to return to school?: _____

Practitioner Signature:

Practitioner name: _____ Phone #/ext: _____

Signed (practitioner): _____ Date: _____ / _____ / _____

Student Permission Agreement:

I (*print student name*) _____ release the above medical information for review and consideration by the individuals and committees for the purpose of determining my eligibility for the applicable application or petition.

Student Signature: _____ Date: _____ / _____ / _____