This form should be used (only) when the student believes the student’s medical condition would significantly impair the student’s ability to perform normally on a midterm or final examination.

To my physician, physician’s assistant, or nurse:

I am concerned that my present medical condition might significantly impair my ability to perform normally on a midterm or final examination. Please complete for me this form, together with the UHS Visit/Verification Medical Statement, before the end of this visit.

To be completed in advance by the student:

Student’s full name (printed) _____________________________________________

Student’s signature                _____________________________________________

Student’s UMID                      _____________________________________________

Course examination date       _____________________________________________

Medical examination date       _____________________________________________

To be completed by the physician (or, at UMHS, by the PA or nurse); please print:

Please answer the following four questions, placing an “X” in each appropriate O:

**Question 1.** Did you tell this student to “stay at home” between now and the course examination?  
O Yes    O No

**Question 2.** If you answered “yes” to question 1, until when did you tell this student to “stay at home?”  
Month: ______________ Day: ______

**Question 3.** Does the student have an acute medical condition (e.g., a concussion) that is likely to impair significantly the student’s ability to perform normally on a course examination on the date specified above?  
O Yes    O No

**Question 4.** Would this student put others at health risk if the student were to attend a course examination on the date specified above?  
O Yes    O No

Printed name of physician, PA, or nurse  __________________________________________

Signature of physician, PA, or nurse  __________________________________________

Title of physician, PA, or nurse  __________________________________________

**Official stamp of the health care organization:**