MEDICAL FORM
Department of Economics
University of Michigan
Revised: June 1, 2017

To the health professional managing my care:

I am concerned that my present medical condition might impair significantly my ability to perform normally on a graded assignment. Please complete this form before the end of this visit. If this visit is taking place at the University Health Service, please complete also the UHS Visit/Verification Medical Statement.

To be completed in advance by the student:

Student's full name (printed) _________________________________________________________

Student's signature ____________________________________________________________

Student's UMID ________________________________________________________________

Course assignment performance date ________________________________________________

Date of this health examination ____________________________________________________

To be completed by the health professional managing my care:

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

1. Does this student have a medical condition (physical or mental) that is likely to impair significantly his or her ability to perform normally on an assignment that is due on the date specified above? O Yes O No

2. When will this student be medically able to perform this assignment?
   Month: ____     Day: ____     Year: _____

3. Would this student put others at health risk were he or she to attend a course examination on the date specified above?
   O Yes O No

Printed name of health care professional ____________________________________________

Signature of health care professional ______________________________________________

Printed title of health care professional ____________________________________________

Official stamp of the health care organization: