This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:
UMD One Stop Student Services
1117 University Drive, 23 SCC
Duluth MN 55812

IN PERSON ON CAMPUS TO:
One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxxx@d.umn.edu)**. Forms can be sent to umdhelp@d.umn.edu.

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

UNIVERSITY OF MINNESOTA DULUTH

MEDICAL CONDITION VERIFICATION

Physician Instructions: Use this form to document a student's medical condition as it relates to their academic activities. Rate condition(s) on a scale of *mild*, *moderate*, or *severe*. Please use these ratings to indicate the usual state of severity of the condition(s) during the illness period.

- *Mild* is intended to indicate impairment in functioning greater than would be expected for a college/university student, leading to some impairment in studying and /or missing of classes.
- *Moderate* indicates further impairment in functioning that is not excessive or extreme.
- *Severe* indicates extreme difficulty in functioning and complete inability to attend class or study. If additional space is needed, attach a separate letter on letterhead providing further information.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add required signature(s) in blue or black ink.

Student Instructions:
Include this completed form along with your Petition and/or Appeal form. Make copies of your documents. Documentation will not be returned to you.

RETURN FORM:

BY MAIL TO:
UMD One Stop Student Services
1117 University Dr, 23 SCC
Duluth MN 55812

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

QUESTIONS?
Phone: 218-726-8000
TTY (hearing impaired):
800-627-3529
Email: umdhelp@d.umn.edu

Student information		
Last name–type or print neatly in ink	First	Middle
Student ID number	U of M e-mail @d.umn.edu	
Signature of student authorizing release of medical information		Date

To be completed by physician/medical professional			
List all dates on which patient was seen for medical condition:			
Diagnosis			
Length of treatment			
Indicate the usual state of severity	**Mild: less than 2 weeks**	**Moderate: 2–6 weeks**	**Severe: more than 6 weeks**
Impact of the illness on the student's daily functioning during the term of the illness			
Ability of the student to attend class or study during or after the term of the illness			
Did/do you recommend ongoing treatment? Yes ¯ No			
When do you believe the student can/could resume daily activities, including attending class(es), if possible to determine?			
Other comments pertinent to the student's circumstances			
Certification: I certify that all information provided is true to the best of my knowledge.			
Name/title			
Name of service provider/phone number			
Signature of service provider		Date	

To request copies of this form in an alternative format: 218-726-8000.
UMD is an equal opportunity employer and educator.