



## OKLAHOMA CITY COMMUNITY COLLEGE

### Health Documentation Form

Student Information	
Student Contact Information	Name (Please Print) _____ Date submitted _____
	OCCC Student ID Number _____ Email Address _____@my.occ.edu
	Street Address _____ Phone Number _____
	City _____ State _____ Zip _____

Instructions on Completing the Health Documentation Form	
Instructions	This document must be completed and signed by a licensed health care professional. The documented information must include specific verification of illness.
	The completed Health Documentation Form must be submitted, by the student, <b>WITH</b> their Student Appeal of Charges Form and letter of appeal, to the OCCC Bursar Office in person, by mail, fax, or email.

Health Documentation – To be completed by Licensed Health Care Professional	
Certification of Illness	<b>1.</b> In your professional opinion, was it necessary for the student to withdraw from the courses listed in the tuition refund appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>2.</b> Which medical situation occurred necessitating the student withdraw from the courses listed in the Student Appeal of Charges? <input type="checkbox"/> Student Illness/Injury <input type="checkbox"/> Student's family member's illness/injury _____ Patient's Name _____
	<b>3.</b> Please provide any additional information that you think would be useful for the committee to know when making a decision on this student's appeal of charges.
	By my signature, I certify that the above information is correct and that my records and diagnostic tests confirm the need for the student to withdraw from OCCC during the term being appealed. Additionally, I understand that my statements here will be verified via phone, by an OCCC Bursar Office staff member.
	_____ Licensed Health Care Professional Signature    Printed Health Care Professional Name
_____ Health Care Professional's Address & Phone Number    Date	

\*The licensed health professional has the option to provide a doctor's note on letterhead and attach it to the Health Documentation Form.

Verified by OCCC Staff member \_\_\_\_\_  
OCCC Staff signature    Date

Revised 7/13/18 HLKW