



OKLAHOMA CITY
COMMUNITY COLLEGE
BURSAR OFFICE

Health Documentation Form

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

Instructions	Instructions on Completing the Health Documentation Form
	<p>This document must be completed and signed by a licensed health care professional. The documented information must include specific verification of illness.</p> <p>The completed Health Documentation Form must be submitted, by the student, WITH their Student Appeal of Charges Form and letter of appeal.</p>

Certification of Illness	Health Documentation – To be completed by Licensed Health Care Professional
	<p>1. 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</p> <p>2. Date/Semester of Illness/Injury _____</p> <p>3. 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 _____</p> <p>4. 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.</p>
	<p>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.</p>
	<p>_____ Licensed Health Care Professional Signature</p> <p>_____ Printed Health Care Professional Name</p>
	<p>_____ Health Care Professional's Address & Phone Number</p> <p>_____ Date</p>

*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 _____

