



## Health Documentation Form

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

Instructions	<b>Instructions on Completing the Health Documentation Form</b>		
	<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, <b><u>WITH</u></b> their Student Appeal of Charges Form and letter of appeal, to the OCCC Bursar Office in person, by mail, fax, or email.</p>		

Certification of Illness	<b>Health Documentation – To be completed by Licensed Health Care Professional</b>		
	<ol style="list-style-type: none"> <li>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</li> <li>2. Date/Semester of Illness/Injury _____</li> <li>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 _____</li> <li>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.</li> </ol>		
	<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>		
	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 \_\_\_\_\_ Date \_\_\_\_\_  
OCCC Staff signature Date

Revised 9/17/21 HLKW

