



SARASOTA  
MANATEE

Undergraduate Academic  
Regulations Committee (ARC)

# Medical Form

## INSTRUCTIONS

The lower part of this form is to be completed by the appropriate medical professional. The entire form should be returned in a **SEALED ENVELOPE from the physician's office, with his/her name, address, and telephone number inscribed**, to the ARC Committee/Academic Advising Office. Please mail to: University of South Florida Sarasota-Manatee, ARC Committee, 8350 N. Tamiami Trail, SMC-C107, Sarasota, FL 34243.

**PART 1. STUDENT INFORMATION—TO BE COMPLETED BY THE STUDENT**

Student's Name: \_\_\_\_\_ USF ID Number: U \_\_\_\_\_

Affected Semester (s): \_\_\_\_\_ Medical problem pertains to (Check One): Student      Family Member

I am requesting Dr. \_\_\_\_\_ to release the information requested below to the University of South Florida Sarasota-Manatee Academic Regulations Committee for the purpose of supporting my ARC petition.

 **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 2. TO BE COMPLETED BY PHYSICIAN**

The student listed above is petitioning the Academic Regulations Committee of the University of South Florida Sarasota-Manatee for special consideration regarding a USF regulation. The student feels a medical problem may have directly or indirectly contributed to the need for such consideration. At the student's request, we would appreciate your cooperation in answering the following questions. If the space below is insufficient, please supply additional comments on your office letterhead. *Thank you for your assistance in this matter.*

Physician's Name: \_\_\_\_\_ License Number & State: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

1. Dates you treated this patient or family member as related to this request: \_\_\_\_\_

2. In your opinion, was there a time period that the student was unable to attend class? YES \_\_\_ NO \_\_\_

If Yes, From: \_\_\_\_\_ To: \_\_\_\_\_  
(Date) (Date)

3. Would length of class be pertinent to the student's ability to attend?  
(i.e. student could attend a one hour class, but not a three hour class) YES \_\_\_ NO \_\_\_ If Yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

4. Would this medical condition affect the student's ability to study or engage in class activities for periods of time?  
(i.e. labs, field experiences, or physical activity) YES \_\_\_ NO \_\_\_ If Yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

5. Would medications prescribed interfere in any way with the student's performance? YES \_\_\_ NO \_\_\_ If Yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

6. Please choose **ONE** of the following:

- In your opinion, would it be medically necessary for the student to withdraw from all classes during the affected term(s)? YES \_\_\_ NO \_\_\_
- In your opinion, would it be medically necessary for the student to reduce his/her course load during the affected term(s)? YES \_\_\_ NO \_\_\_

Physician's Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INCOMPLETE PETITIONS WILL NOT BE PROCESSED**