

LSUHSC SCHOOL OF MEDICINE IN SHREVEPORT

ABSENCE FROM EXAM DUE TO ILLNESS FORM

EXAM(S) MISSED DUE TO ILLNESS:

Course	Date	Time

NOTE TO STUDENT: If you have missed a course exam, you must follow the rules stipulated by the Academic Department or Course Director in the respective Course Syllabus. In addition, the School of Medicine requires that you use this form for your physician to document your illness. The physician who completes this form must be the physician of record on your illness. This must be the physician that examined you, treated you, and has recorded the details of same in your medical file at his or her place of business. This exam must take place very close in time to the missed exam(s), preferably the same day. Please Note: your physician of record cannot be a family member or an intern or resident here at LSUHSC. **Return this form to the course director or academic department responsible for the exam.**

INSTRUCTIONS FOR PHYSICIAN: The School of Medicine permits medical excuses for students missing examinations, only if the illness is severe enough to significantly incapacitate the student. [As examples, a simple head cold with nasal congestion and mild sore throat would not qualify, nor would an upset stomach with a few loose stools. An illness with fever to 101 would qualify.] If appropriate please complete and sign the following attestation statement. Be sure to fill in the date and time of your examination! Please feel free to attach any other information or statements you feel may be useful.

Physician's Statement

Patient (Student) Name

Dates and Times Examined by Me

Based on my examination(s) of this student, I certify that he or she was significantly incapacitated by illness at the time of the above listed medical school examination(s) and should be medically excused.

Physician's Signature: _____ Date: _____

Physician=s Name (printed): _____

Address: _____

Phone Number: (_____) _____