

**UNIVERSITY OF ARKANSAS  
PAT WALKER HEALTH CENTER**

**Explanatory Statement for Absence from Class or Work**

The Pat Walker Health Center can not release protected health information (which includes dates and times our services are utilized) due to federal HIPAA regulations relating to health care privacy. However, we do share in the common goal with the University of Arkansas to have students attend class in a good state of health. If an illness will prevent a student from attending classes for an extended period of time the Dean of Students will be notified with the student's permission.

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1. Student Name \_\_\_\_\_

2. Department, course and section \_\_\_\_\_

3. Date(s) of absence \_\_\_\_\_

4. Reason for absence \_\_\_\_\_

5. In case of absence due to illness, answer the following:

(a) Did you visit the Pat Walker Health Center (PWHC)?  
 Yes       No      Date seen \_\_\_\_\_

(b) Did you call and receive advice from a triage nurse at the PWHC?  
 Yes       No      Date of call \_\_\_\_\_

(c) Were you seen at another facility ?       Yes       No

Doctor's Name \_\_\_\_\_  
Date seen \_\_\_\_\_

(d) If your answers to (a) or (b) are "No" can you give the name of someone who can vouch for the fact you were ill?       Yes       No

Name of person \_\_\_\_\_

Telephone number \_\_\_\_\_

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I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event the above facts are found to be falsified.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date