



**EXPLANATORY STATEMENT FOR ABSENCE FROM CLASS OR WORK**

**Because of federal HIPPA regulations relating to health care patient privacy, the Pat Walker Health Center cannot release protected patient information, including dates/times of services provided.**

However, we share the common goal to have students attend class in a good state of health.

Students and faculty may find it useful to use the following *Absence from Class Form* to have appropriate communications about class absences for medical reasons.

If an illness prevents a student from attending classes for an extended period of time, the Dean of Students will be notified with the student's permission.

1. **STUDENT NAME:** \_\_\_\_\_

2. **DEPARTMENT, COURSE AND SECTION:** \_\_\_\_\_

3. **DATE(S) ABSENT:** \_\_\_\_\_ 4. **REASON:** \_\_\_\_\_

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

a) Did you visit Pat Walker Health Center (PWHC)?  Yes  No **DATE:** \_\_\_\_\_  
*If yes, you can view your previous appointments at PWHC via the Patient Web Portal. Appointment dates/times can be printed.*

b) Did you contact the PWHC Nurse Triage Line?  Yes  No **DATE:** \_\_\_\_\_

c) Were you seen at another health care facility?  Yes  No

**PHYSICIAN NAME:** \_\_\_\_\_ **DATE SEEN:** \_\_\_\_\_

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

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**