



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