

**Pomona College Academic Procedures Committee**

c/o Pomona College Registrar's Office, Alex 110

909-621-8147 (phone) 909-621-8671 (fax)

**Request for Information: Student Health Services**

**The student named below has presented a petition to the Academic Procedures Committee of Pomona College. Answers to the following questions are necessary for petitions based on experience of or treatment for medical or health conditions; additional information that is relevant should be appended.**

You may complete this form on your computer and email it to [registrar@pomona.edu](mailto:registrar@pomona.edu); or complete it in hard-copy format and fax to 909-621-8671. We appreciate your prompt reply.

STUDENT NAME: \_\_\_\_\_

1. When did the student first seek the services of Student Health Services for this problem, and what was the nature of the condition reported? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How many times have you seen the student? \_\_\_\_\_ When did you last see the student prior to this request? \_\_\_\_\_  
\_\_\_\_\_
3. In your view, does the student's situation or condition interfere with the ability to perform academic work? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Did you specifically advise the student to avoid activities that would limit his or her academic work? \_\_\_\_\_  
\_\_\_\_\_
5. For students who have no history of treatment prior to the one visit, did you refer the student to another medical practitioner for evaluation, medication, or hospitalization? \_\_\_\_\_  
\_\_\_\_\_

|  |             |       |
|--|-------------|-------|
| _____  | _____       | _____ |
| Signature                                      | Date        | Title |
| Email address _____                            | Phone _____ |       |
| May we call you? Y / N Best time to call _____ |             |       |

I authorize the release of this information to the Academic Procedures Committee of Pomona College.

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

