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; 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: ____________________________________________________________