

MEDICAL DOCUMENTATION FORM

医疗证明表

OHIO UNIVERSITY

University Appeals Committee

俄亥俄大学申诉委员会

NOTE: This form is to be completed by the student's physician or mental health practitioner, stapled to a one-page letter, and returned to the student to be submitted **by the student** with the appeal:

注：此表格必须由该学生的诊疗医生或心理健康师填写，并且盖章。在填写盖章完后，交还给该学生。此表格应由该学生提交给本申诉委员会。

Clinician Name _____ Student Name _____

医生姓名

学生姓名

Licensed As _____ Student PID # _____

医生执照许可类别

学生学生证号码

License # _____ State of Licensure _____

医生执照号码

医生行医所在州 / 省

Clinician Address _____

医生 / 所在医院地址

Clinician Phone _____ Date of Most Recent Visit _____

医生联系电话

最近一次该学生诊疗时间

Clinician Fax _____ Total Number of Visits _____ (Within the last 3 months)

医生传真号码

最近三个月该学生的诊疗次数

Please provide your professional judgment regarding the student named above.

请对该学生提供你的专业判断。

To consider tuition adjustments based on a medical withdrawal, we need appropriate medical documentation. **Please provide a one-page letter describing the medical/psychological condition of the student.** You should include information about the initial on-set of the condition, type, frequency and severity of symptoms, treatments or medications necessary to alleviate symptoms, and the medical necessity behind the withdrawal. *We are particularly interested in whether this medical/psychological condition prevented or adversely impacted this student from remaining in classes. Please staple your letter to this form and return it to the student to be included with the appeal.*

为了处理因为身体健康原因而退学的学生的学费调整或退费情况，我们需要您提供医生的医疗证明。**请提供一份（一页纸）描述该学生的身体或心理健康状况的医疗证明。**该证明应该包括病状的初始病因，类别，症状的严重程度，发病频率，所采取的治疗手段，以及其他导致学生不能继续学业的病因。（我们特别需要了解是否该身体或心理病况会对学生继续学业造成直接的负面影响或者导致学生不能继续学业。）**请将你出具的这份证明和该表格订在一起，并一起交给该学生。**

In addition, please answer the following questions below:

此外，请回答以下问题：

1. What date did this student first seek treatment? _____

该学生第一次就诊的日期是什么时候？

2. Does this student's condition/treatment require that she/he medically withdraw from the university? _____

No _____ Yes If yes, what date? _____

该学生的健康状况或者治疗手段要求学生必须退学吗？

_____ 不必要 _____ 必要 (如果是必要，请写明退学的时间? _____)

3. Is the student medically able to return to the University? _____ Yes _____ No

该学生能否在接受治疗的同时继续在俄亥俄大学的学业? _____ 可以 _____ 不可以

Physician/Mental Health Provider's Signature _____

医生或心理咨询医生的签名

Date _____

日期

Appeals/medical documentation form

Revised 8/19/09