I, _____________________________ am notifying the program of a change in my health status.  
(student name)

This change is due to:

☐ Diagnosis of infectious/communicable illnesses/disease;
☐ Pregnancy
☐ Other (specify) ________________________________________________________________

Anticipated length of change in health status: ________________________________________

Student Signature __________________________________________ Date ________________

Student Name (print) ________________________________________________

Please note: If the resolution of the health problem requires more than one clinical absence, the Change of Health status will be deemed significant, and will require documentation and signature by a provider stating that the student is fit for duty.

Submit form to course coordinator/faculty leader of course.

This form was submitted to me: _______________________ on ______________

Faculty or Staff signature Date ______________

The Change in Health Status has been reviewed by the Student Affairs Committee Chair and Department Chair.

Student Affairs Committee Signature __________________________ Date ______________

Department Chair Signature __________________________ Date ______________