

UNIVERSITY OF CALIFORNIA  
BERKELEY



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**UNIVERSITY HEALTH SERVICES** Tang Center  
*People. Campus. Community.*

**CONFIDENTIAL**

**Verification of Illness Request**

**For Semester:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Important: Please Complete Each Item**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**SID#:** \_\_\_\_\_ **Undergrad/Grad Student:** \_\_\_\_\_

**Release Medical Information To:** \_\_\_\_\_ **Of:** \_\_\_\_\_  
(Dean, Advisor, Professor, Other) (Dept/College, Financial Aid, Other)

- ☐ If you wish to WITHDRAW from the University for medical reasons, **do not fill out this form**. Please go to Social Services, Room 2280 Tang, to begin the withdrawal petition process.

**I. I AM REQUESTING MEDICAL VERIFICATION FOR THE FOLLOWING REASON:**

- ☐ Course drop Number of units after adjustment: \_\_\_\_\_
- ☐ Incomplete
- ☐ Change grade option to Pass/Not Pass
- ☐ Upon request of the Dean's Office
- ☐ Financial Aid Appeal

**II. DIAGNOSIS OR NATURE OF ILLNESS/DISABILITY:** \_\_\_\_\_

**III. PLEASE COMMENT BRIEFLY ON HOW YOUR ILLNESS/INJURY PREVENTED YOU FROM PERFORMING IN YOUR CLASS(ES):** \_\_\_\_\_

**IV. DATE OF INJURY/ILLNESS AND DURATION:** \_\_\_\_\_

**V. WERE YOU HOSPITALIZED OVERNIGHT?** ☐ No ☐ Yes Hospital: \_\_\_\_\_ Dates: \_\_\_\_\_

Our summary of information will be based on documentation in your medical chart. If you were treated outside of the University Health Services, you must provide medical documentation in order for us to process your request.

In order to provide the College with this documentation, you must complete a **Release of Information**.

**TODAY'S DATE:** \_\_\_\_\_

*Medical • Counseling • Health Promotion • Occupational Health • Services for Students, Faculty and Staff*  
*Accredited by Accreditation Association for Ambulatory Health Care • International Association of Counseling Services • American Psychological Association*