

## DOCUMENTATION OF MEDICAL CONDITION IN SUPPORT OF POLICY REVIEW PETITION

**Student Name:** \_\_\_\_\_ **Student I.D. Number:** \_\_\_\_\_

**Health Care Practitioners:** \_\_\_\_\_

Documentation of a medical condition to be submitted with a *CCA Policy Review Petition* should provide answers to the following questions. These answers can be provided either by the health care practitioner completing, signing, dating, and attaching this form to their **professional letterhead**, or by including this information in a separate statement on **letterhead**:

1. What is the medical condition of the student/patient?

\_\_\_\_\_

2. When was the condition diagnosed?

\_\_\_\_\_

3. How long has the student/patient been treated for this condition?

\_\_\_\_\_

4. Does this condition affect the student's studies and please be specific (dates, disabilities...)?

\_\_\_\_\_

5. How long will the patient be in recovery (unable to attend classes)?

\_\_\_\_\_

6. What is the earliest anticipated date of return to CCA for the student/patient based on their condition?

\_\_\_\_\_

**Health Care Practitioner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_