



OMS 1 and 2

Student Request for an Unplanned Excused Absence

Unplanned excused absences are those that are unexpected that a student has no advance knowledge of and requires an absence from a Mandatory Learning Activity.

Students requesting an unplanned excused absence must complete and submit Part A and Part B of this form and all required documentation to the Office of Medical Education within 3 days of returning to school. If the absence was due to an illness or medical emergency, the student must also submit Part C, completed by the treating physician, upon returning to class, to the Office of Medical Education.

Submission of this form does not guarantee an excused absence. Additional documentation may be required.

Part A (completed by the student – must also complete Part B)		
Student Name:	<input type="checkbox"/> OMS 1 <input type="checkbox"/> OMS 2	Date Submitted:
Date(s) Absent: Start:	End:	# of days absent:
Reason for absence:	<input type="checkbox"/> Sudden Illness, explain: <input type="checkbox"/> Medical Emergency – Self, explain: <input type="checkbox"/> Medical Emergency – Immediate Family Member, explain: <input type="checkbox"/> Non-medical Emergency, explain: <input type="checkbox"/> Other, explain: Required documentation attached (list):	
On the dates listed above, I was unable to attend class due to an illness/medical emergency/other emergency of such severity as to prevent me from meeting my academic obligation. I understand that providing false information to the College is prohibited under the Honor Code of Conduct and may result in disciplinary action. I pledge on my honor that I have not provided false information.		
Signature: _____		Date: _____
Printed name: _____		



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Part C - Physician Use Only (to be completed for medical absence and reviewed by the Campus Dean):	
<p>To the Physician: A student of The Edward Via College of Osteopathic Medicine (VCOM) is making a request for an excused absence for a sudden illness or medical emergency that caused an absence from class. VCOM requires documentation from the treating physician in support of the request for an excused absence and the College reserves the right to ask for additional documentation. It is the student who is making this request, and is to authorize you to provide medical information.</p>	
Student Name:	
Treatment Dates	Date(s) student was examined/hospitalized: First date student was unable to attend class: Date student may return to class:
<p>Upon returning to class the student is:</p> <p style="text-align: right;"><input type="checkbox"/> Not restricted of activity/no modifications needed</p> <p style="text-align: right;"><input type="checkbox"/> Restricted from activity/modifications needed (specify below):</p> <p style="text-align: center;">Restriction(s):</p> <p style="text-align: center;">Length of Restriction(s):</p>	
Laboratory test results attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosis:	
Reason for Absence:	<input type="checkbox"/> Hospitalization <input type="checkbox"/> Confinement to Bed <input type="checkbox"/> Confinement to Home <input type="checkbox"/> Surgery, explain: <input type="checkbox"/> Otherwise Restricted, explain:
Licensed Physician/Other Practitioner Signature:	Date:
Printed Name:	Degree:
Physician Relationship to Student (disclose all that apply): <input type="checkbox"/> Primary Care Physician of Student <input type="checkbox"/> Other, explain:	