



OMS 3 and 4

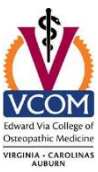
Student Request for an Unplanned Excused Absence

Unplanned excused absences are those that are unexpected that a student has no advance knowledge of and requires an absence from the clinical program for 1 or more days.

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 Clinical Affairs within 3 days of returning to rotation. 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 rotation, to the Office of Clinical Affairs.

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 3 <input type="checkbox"/> OMS 4	Date Submitted:	
Date(s) Absent: Start:	End:	# of rotational hours missed:	
Absence Type <i>(check all that apply):</i>	<input type="checkbox"/> Clinical Day(s) <input type="checkbox"/> Exam Day <input type="checkbox"/> OMM Workshop <input type="checkbox"/> Didactics <input type="checkbox"/> Case Presentation		
Rotation during requested date(s):	OMS 3: <input type="checkbox"/> RMUP <input type="checkbox"/> Selective <input type="checkbox"/> FM <input type="checkbox"/> Research <input type="checkbox"/> IM 1 <input type="checkbox"/> IM2 <input type="checkbox"/> OBGYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Surgery Period: _____ OMS 4: <input type="checkbox"/> Elective <input type="checkbox"/> EM <input type="checkbox"/> Intensive Medicine Selective <input type="checkbox"/> Medical Selective <input type="checkbox"/> Surgical Selective		
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 rotation 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 B (completed by the student and the student is responsible for acquiring approvals in this section):

Preceptor Full Name:	Rotation Site:
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- Student will be able to make up time, exam, workshop, and/or other requirements.
- Student will NOT be able to make up the time, exam, workshop and/or other requirements missed.

Hours/Exam/Workshop/Assignment to be Missed	Date/Time of Make-up

Signatures required by all listed below:

Preceptor:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Site Coordinator:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
DSME:	Date:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied



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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 rotations. 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:	
<p>Treatment Dates Date(s) student was examined/hospitalized:</p> <p style="margin-left: 40px;">First date student was unable to attend rotation:</p> <p style="margin-left: 40px;">Date student may return to rotation:</p>	
<p>Upon returning to rotation the student is: <input type="checkbox"/> Not restricted of activity/no modifications needed</p> <p style="margin-left: 100px;"><input type="checkbox"/> Restricted from activity/modifications needed (specify below):</p> <p style="margin-left: 200px;">Restriction(s):</p> <p style="margin-left: 200px;">Length of Restriction(s):</p>	
Laboratory test results attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosis:	
<p>Reason for Absence: <input type="checkbox"/> Hospitalization <input type="checkbox"/> Confinement to Bed <input type="checkbox"/> Confinement to Home</p> <p style="margin-left: 40px;"><input type="checkbox"/> Surgery, explain:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Otherwise Restricted, explain:</p>	
Licensed Physician/Other Practitioner Signature:	Date:
Printed Name:	Degree:
<p>Physician Relationship to Student (disclose all that apply): <input type="checkbox"/> Primary Care Physician of Student</p> <p style="margin-left: 40px;"><input type="checkbox"/> Other, explain:</p>	