



OMS 3 and 4 Student Request for a Planned Excused Absence

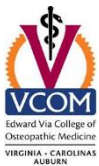
Planned excused absences are those that a student is aware of a minimum of 30 days prior to the absence and requires an absence from the clinical program for 1 or more days.

Students requesting a planned excused absence must complete and submit Parts A and B of this form and all required documentation to the Office of Clinical Affairs a minimum of 30 days (when possible) prior to the requested absence to assure all requirements can be met upon returning. If requesting a planned excused absence for a medical procedure/condition known in advance, 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. Students are strongly encouraged not to make any travel plans before receiving an approval. Additional documentation may be required.

This form must be signed by your Preceptor, DSME and Site Coordinator *prior to* submitting to VCOM's Clinical Affairs Office.

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) Requested: Start:	End:	# of rotational hours missed:
Absence Type (check all that apply):	<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 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	Period:
Reason for request:	<input type="checkbox"/> Conference, explain: <input type="checkbox"/> VCOM Sponsored Activity, explain: <input type="checkbox"/> Medical Procedure, explain: <input type="checkbox"/> Court Appearance, explain: <input type="checkbox"/> Special Event (i.e. wedding, graduation), explain: <input type="checkbox"/> Professional Requirement, explain: <input type="checkbox"/> Other, explain: Required documentation attached (list):	
I attest that my submission for a planned excused absence is accurate and truthful. 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):	
To the Physician: A student of The Edward Via College of Osteopathic Medicine (VCOM) is making a request for a planned excused absence for a medical procedure or condition that was planned and known a minimum of 30 days prior to the absence. 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.	
Student Name:	
Treatment Dates Date(s) student was examined/hospitalized: First date student was unable to attend rotation: Date student may return to rotation:	
Upon returning to rotation the student is: <input type="checkbox"/> Not restricted of activity/no modifications needed <input type="checkbox"/> Restricted from activity/modifications needed (specify below): Restriction(s): Length of Restriction(s):	
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:	
Physician Relationship to Student (disclose all that apply): <input type="checkbox"/> Primary Care Physician of Student <input type="checkbox"/> Other, explain:	