California College of the Arts

Student Records Office
145 Hooper Street, San Francisco, CA 94107
94107 (415) 551-9233 - studentrecords@cca.edu

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:** _____