Explanation for Class Absence Illness/Injury Verification

374 E. Grand Ave. • Mail Code 6740 • Carbondale, IL 62901 • P: 618-453-3311 • F: 618-453-4449 • shc.siu.edu

Student Name:				
Student ID (DAWG Tag	#):			
Department, Course an Date(s) of Absence:	d Section Mi	ssed:		
Reason for Absence:	Illness	Injury	Specify Type:	
			_	(not required)
illness or injury v	vas self-limito Carbondale at I subject n	ed and did no - SHS policy nyself to disc	noted below, I certiplinary action unde	determined that my of medical services. fy the above facts to be r the Code of Student
Signature of Student				Date

SIU Carbondale- Student Health Services' Policy

- I. It is the policy of the SIU Carbondale Student Health Services to not provide students with a written explanation of their illness or ability to attend class.
- II. Providers at the SIU Carbondale Student Health Services see students that are ill and require evaluation, treatment or advice. It is understood that some illnesses are self-limited and do not require medical evaluation, yet may necessitate temporary absence from class.
- III. Our policy asserts it is the responsibility of the student to provide verification of illness, and the faculty member's responsibility to excuse an absence and determine any penalties associated with that absence.

This form has been approved for use as verification that a student has either been seen at the Student Health Services or by another health care provider on the date indicated, or reports that he or she was ill or injured on the date reported. Federal and Illinois law prohibits the release of actual medical information without proper patient consent.

For clarification of this policy, please consult the Director of the SIU Carbondale Student Health Services at 618.453.3311.