

Department of Nursing and Health Professions

Change of Health Status Form

I, _____ am notifying the program of a change in my health status.
(student name)

This change is due to:

- Diagnosis of infectious/communicable illnesses/disease;
- Pregnancy
- Other (specify) _____

Anticipated length of change in health status: _____

Student Signature _____ Date _____

Student Name (print) _____

Please note: If the resolution of the health problem requires more than one clinical absence, the Change of Health status will be deemed significant, and will require documentation and signature by a provider stating that the student is fit for duty.

Submit form to course coordinator/faculty leader of course.

This form was submitted to me: _____ on _____
Faculty or Staff signature Date

The Change in Health Status has been reviewed by the Student Affairs Committee Chair and Department Chair.

Student Affairs Committee Signature _____ Date _____

Department Chair Signature _____ Date _____