Health Care Verification Form

Bellevue College allows students to request a medical withdrawal and refund of tuition and fees, or reinstatement of financial aid if the student or a member of the student's family had a health condition that prevented them from completing the quarter/term.

Student Instructions:

1) Fill in your name and include your student ID number.
2) If you are also the patient, please sign the consent section on this form, **OR**
3) If the health condition pertains to a family member, have that person sign the consent section on this form.
4) Take this form to the health care provider that provided treatment for the medical condition.

Health Care Provider Instructions:

1) Student or family member signs the consent form.
2) Health care provider completes the form.
3) Attach your office letterhead, or a business card to this form.
4) Mail the form to:

   Student Central – Appeals, B125
   Bellevue College
   3000 Landerholm Circle SE
   Bellevue, WA 98007

Student's Name:	**Student's ID Number:**
Patient's Name if not Student:	**Relationship to Student:**
Date of first visit, or onset of condition:	**Last date of visit or resolution of condition:**

Description of student's, or patient's condition and how it **prevents or prevented the student** from attending Bellevue College *(attach additional sheets if needed):*

Is the patient's condition resolved so that the student may return to school without further medical complications?

Health Care Provider Certification

I certify that _____ was/is unable to attend Bellevue College, and participate in classroom instruction and activities during _____ quarter of _____ (year).

Health Care Provider's Signature _____

Printed Name _____

Date _____ **Office Phone Number** _____

Patient's Consent to Release Medical Information:

I, _____, direct my health care provider and medical services providers to disclose and release my protected health information to Bellevue College as part of an appeal process for a medical withdrawal and refund of tuition and fees, or an appeal process related to financial aid eligibility.

Patient's Signature _____ **Date** _____

If patient is under the age of 18

Parent or Legal Guardian's Signature _____ **Date** _____