

SUMMARY OF CARE by Non-UC Berkeley Provider

Instructions for student:

This form can be used as a supplement to your request for a late schedule change. This form must be submitted prior to any deadlines in order to be reviewed as part of your request. Please submit this form to your provider and submit back to the Haas Undergraduate Program once it is completed.

Instructions for health care provider:

After you have completed this form, please submit the form directly to the student.

FOR COMPLETION BY STUDENT

PLEASE TYPE OR PRINT IN INK

Name: _____ SID: _____
LAST FIRST MIDDLE
 Email: _____ Major(s): _____

Semester and Year of the Request (i.e., Fall 2022)*: _____
**Please note that a separate Summary of Care form is needed for each request.*

FOR COMPLETION BY PROVIDER

PLEASE TYPE OR PRINT IN INK

Provider Name: _____
LAST FIRST
 Provider Signature: _____ Date: _____
 Position or Title: _____ Phone Number: _____

Please fill out the following information. You can provide more information in the comments section or attach a separate letter if needed. Thank you.

I. ASSESSMENT:

- A. Student was seen _____ times between _____ and _____
of times DATE DATE
- B. Hospitalized overnight? Yes No from _____ to _____
DATE DATE
- C. Estimated degree of impact on academic performance (please circle one):** 1 2 3 4
- D. Probable duration of illness: from _____ to _____ Unknown
DATE DATE

II. DISPOSITION (check as many as apply):

- A. I support this student's request for a late schedule change.
- B. I recommend that the student consult with the Disabled Students' Program on campus to discuss accommodations, including a reduced course load.
- C. I suggest that the student consider an application for medical withdrawal (drop all classes) from the current semester.
- D. Based on available information, I am unable to assess and provide a recommendation.
- E. Other: _____

III. COMMENTS:

****REFERENCE FOR ESTIMATED DEGREE OF IMPACT ON ACADEMIC PERFORMANCE**

- | | | |
|---|---------------------------|---|
| 1 | <i>Mild Impact</i> | <i>Medical condition may intermittently affect student's ability to concentrate.</i> |
| 2 | <i>Moderate Impact</i> | <i>Medical condition may impact student's ability to attend classes and/or concentrate.</i> |
| 3 | <i>Significant Impact</i> | <i>Medical condition requires significant investment in treatment. Class attendance impaired.</i> |
| 4 | <i>Severe Impact</i> | <i>Medical condition may require hospitalization and ongoing investment in treatment.</i> |