

# THE UNIVERSITY OF RHODE ISLAND



330 Memorial Union  
Kingston, RI 02881  
Tel: (401) 874-2098  
Fax: (401) 874-5694

## TEMPORARY Medical Conditions PHYSICIAN DOCUMENTATION FORM

Name of Student (Patient): \_\_\_\_\_

Address of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Diagnostic Statement regarding Illness/Injury (Please be specific): \_\_\_\_\_

\_\_\_\_\_  
Please specify functional limitations related to injury/condition : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other contributing medical problems & nature and severity of condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Please return form to: Office of Student Life, 330 Memorial Union, Kingston, RI 02281  
**Fax: (401) 874-5694**