		΄(΄			
	nfirms that				
		on			
7	O BE COMPLETED BY	HEALTH CARE PROV	/IDER: Please fill in 0	NE of the THREE sections	s below.
	At the time of this examinat	tion the student has been	ill since		_
	There is evidence to sub	bstantiate this claim and t	he illness will likely cor	itinue for mo	re d- q 1n4 I-4.284 0 IhS (
1					
1					
2	At the time of this examinat	tion the student was not ill	I, however the student s	states he/she was ill on _	
	his student is/was unable	to attend class on		due to a medically	related appointment
3					