

NORTHWESTERN STATE UNIVERSITY
ONE CARD OFFICE
ROOM 152, FRIEDMAN STUDENT UNION
NATCHITOCHEs, LA 71497

*The following statement needs to be completed by the doctor treating the student for his/her present medical condition. If not completed in its entirety, the statement will not be accepted. **Exemption approval does not cancel your lease with University Columns/University Place. You must contact them prior to submitting this exemption to the University.***

Student Name: _____

Describe nature of condition or illness:

How long has illness existed:

Date student was last treated for illness:

What special conditions or facilities does this student need because of his or her medical condition? Please explain in detail:

If the student has an allergy condition, what tests have been performed to determine allergies? List the agents to which the student is allergic:

The most convenient time and date for our office to contact you, if necessary:

The information requested below must be completed in full.

Doctor's Name (please print or type)

Doctor's signature

Office Address

Phone #

City

State

Date
