

THE
UNIVERSITY
OF RHODE ISLAND

302 Memorial Union
Kingston, RI 02881
Tel: (401) 874-2098
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**TEMPORARY MEDICAL CONDITIONS
PHYSICIAN DOCUMENTATION**

Name of Student (Patient): _____

Address of Applicant: _____

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 and nature and severity of condition: _____

Time / Duration of need: _____

Additional Comments: _____

Physician's Signature: _____

Physician's Name: _____ Date: _____

Address: _____ Phone: _____

_____ Fax: _____

_____ Email: _____

Please email this form (save it as a pdf document first) to dss@etal.uri.edu or fax it to (401) 874-5694.
Thank you.