



**PALOMAR COLLEGE**  
**OFFICE OF INTERNATIONAL EDUCATION MEDICAL**  
**VERIFICATION FORM**

STUDENT NAME: \_\_\_\_\_  
(First) (Middle) (Last)

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY MEDICAL DOCTOR, DOCTOR OF OSTEOPATHY, OR LICENSED CLINIICAL PSYCHOLOGIST**

This form is used by the International Office at Palomar College to determine if an international (F-1 visa) student qualifies for a reduced course load due to a medical condition or a temporary illness. Per United States Federal Register 8CFR214.2 (f)(6) (iii) (B), only a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist can document an illness or medical condition for a reduced course load.

I verify that I am treating patient, \_\_\_\_\_  
(First) (Middle) (Last)

The patient is under medical treatment for \_\_\_\_\_ and will need to take a medical leave to recover from or help with their condition.

I recommend for this patient (please select only one):

**Reduced Course Load**

Maintain class enrollment, but less than 12 units per semester (check only one semester)

\_\_\_\_ Fall semester (Aug--Dec) 20\_\_\_\_  
\_\_\_\_ Spring semester (Jan--May) 20\_\_\_\_

**Temporarily Excused from Study**

No enrollment (check only one semester)

\_\_\_\_ Fall semester (Aug--Dec) 20\_\_\_\_  
\_\_\_\_ Spring semester (Jan--May) 20\_\_\_\_

To help our office (Palomar College Office of International Education) determine how to advise the student during medical treatment, please provide any information about how the illness/condition may be affected by class attendance:

To the best of my knowledge, this patient should be fully recovered and thus able to resume full-time study as required by the immigration regulations by \_\_\_\_\_.  
(month) (year)

**Note:** A Medical Verification form is needed for each academic term and must include a period of time that the student will fully recover from their medical condition.

\_\_\_\_ D.O. M.D. L.C.P. [specialized in \_\_\_\_\_]  
(Printed name of medical provider) (circle)

\_\_\_\_ (signature) \_\_\_\_\_ (date)

Hospital/Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**8CFR214.2(f)(6)(iii)(B)** (B) Medical conditions. The Designated School Official may authorize a reduced course load (or, if necessary, no course load) due to a student's temporary illness or medical condition for a period of time not to exceed an aggregate of 12 months while the student is pursuing a course of study at a particular program level. In order to authorize a reduced course load based upon a medical condition, the student must provide medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist, to the DSO to substantiate the illness or medical condition. The student must provide current medical documentation and the DSO must reauthorize the drop below a full course of study each new term, session, or semester. A student previously authorized to drop below a full course of study due to illness or medical condition for an aggregate of 12 months may not be authorized by a DSO to reduce their course load on subsequent occasions while pursuing a course of study at the same program level. A student may be authorized to reduce course load for a reason of illness or medical condition on more than one occasion while pursuing a course of study, so long as the aggregate period of that authorization does not exceed 12 months.