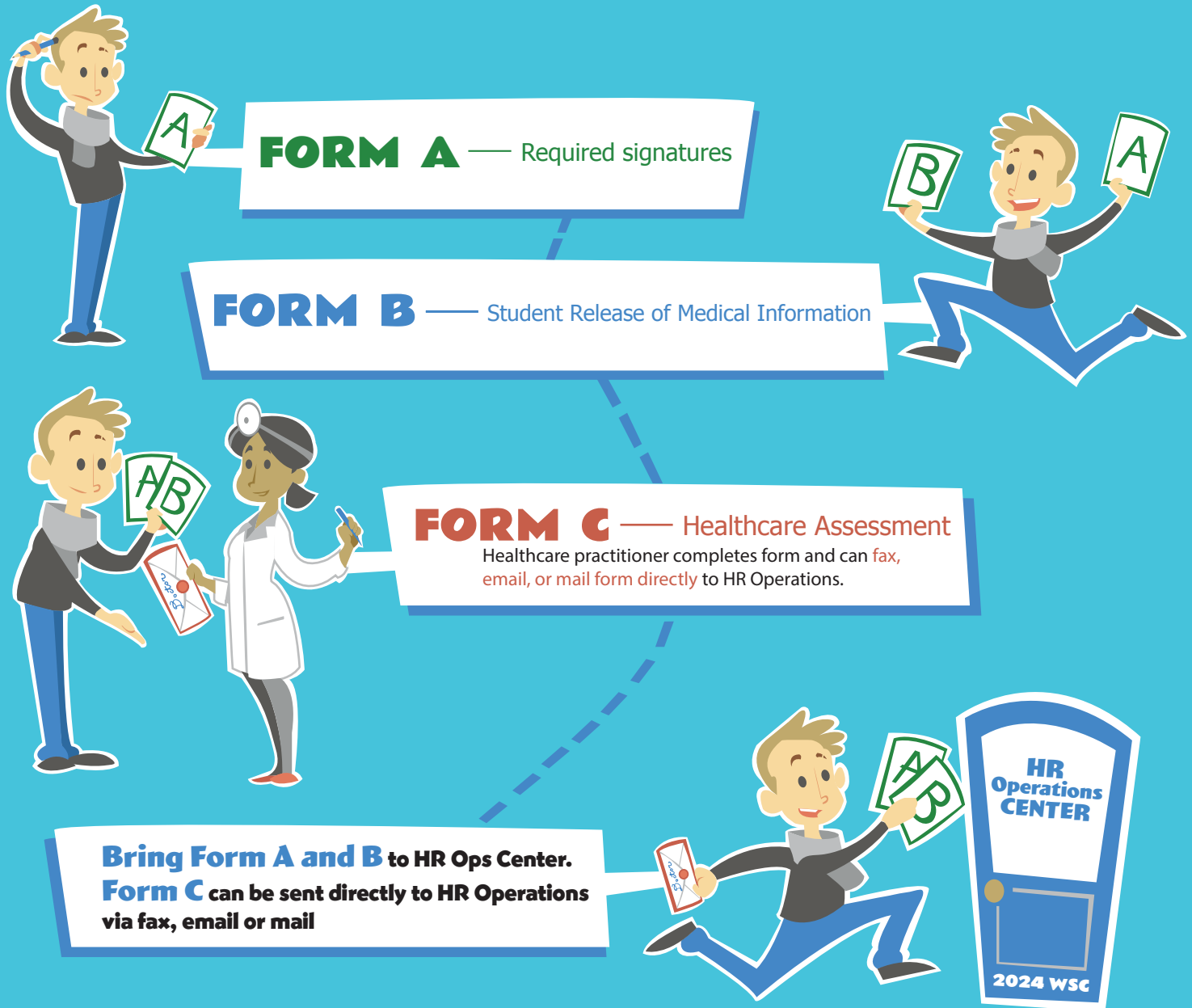


Need a **MEDICAL APPEAL?**

Students may be considered for an exception to work as a student employee with fewer than required credits for approved medical reasons. In order to be considered for a medical appeal the student must follow the instructions listed below.

PLEASE NOTE: Medical appeals are typically granted on a short-term basis. It is required that the student be enrolled in at least some credit(s) required for graduation in the completion of his or her major or minor coursework in order to be considered.



For questions regarding the medical appeal process, please contact HR Operations at (801)422-9675

Medical Appeal – FORM A

Please attach additional notes, if necessary, to this form

Student Instructions: Please complete and turn in Parts A, B and C to BYU HR Operations (2024 WSC). Please wait for approval or denial before beginning or continuing work for the semester you are appealing. For questions, please call BYU HR Operations at (801) 422-9675.					
Step 1 - Student	Name (First/Middle/Last):			BYU ID #:	
	Phone #:		Email Address:		
	Major:		Current Credits:	Proposed Credits:	Appealing for Semester: Year:
	<input type="checkbox"/> I am currently enrolled in credit(s) required for graduation in the completion of my major or minor coursework. If not, I understand I am not eligible for a Student Employment Medical Appeal.				
	Student's Signature:			Date:	
Step 2 – College Advisement Center	<input type="checkbox"/> I certify the requesting student is currently enrolled in credit(s) required for graduation in the completion of his/her major or minor coursework. OR <input type="checkbox"/> Additional consultation with BYU HR Operations is necessary.				
	Advisor's Signature:			Date:	
	Printed Name:			Phone #:	
Step 3 - Supervisor	<input type="checkbox"/> The services of the requesting student are needed within my department and I don't believe the required work will inhibit his/her physical, mental or emotional recovery toward a full academic course load. OR <input type="checkbox"/> Additional consultation with BYU HR Operations is necessary.				
	Supervisor's Signature:			Date:	
	Printed Name:			Phone #:	
	Department:		E-mail:		
Step 4 - International Student Services	International student employees are required to take this form with signatures to International Student Services (1351 WSC) in order to obtain approval to enroll in less than 12.0 credit hours.				
	<input type="checkbox"/> The requesting student has been approved for a medically-related Reduced Course Load through International Student Services. OR <input type="checkbox"/> Additional consultation with BYU HR Operations is necessary.				
	Signature:			Date:	
Printed Name:			Phone #:		
Step 5 – BYU HR Operations Center (Office Use Only)					
Status:		GPA:	Credits:	Review Date:	Approved or Denied:
Previous Exceptions:		Notes:			Emailed Student:

Medical Appeal – FORM B

Student Release of Medical Information

Student Instructions: Please complete this form and show it to your healthcare provider in order to verify your authorized release of your medical records. For questions, please call BYU HR Operations at (801) 422-9675.

I, _____, hereby authorize the use or disclosure of my protected
(Student's Printed Name)
health information as follows:

_____ is authorized to disclose the following protected health
(Healthcare Provider)
information to the current employees of Brigham Young University Human Resources Operations in Provo, Utah:
☐ Medical records
☐ Mental health records
☐ All treatment records

All past, present, and future periods of personal health information may be disclosed.

The purpose of this use or disclosure is for Brigham Young University to evaluate my medical appeal related to my employment at the university.

This authorization will take effect on the date indicated below and will expire 90 days from that date, unless revoked earlier.

I understand that the personal health information used or disclosed under this authorization may be subject to re-disclosure by the person or entity receiving it.

I further understand that I have the right to decline to sign this authorization and that I can cancel this authorization at any time by notifying Brigham Young University Human Resources Operations in writing. I also understand that if I cancel this authorization, my cancellation will not have any effect on information released before my written notice is received by Brigham Young University Human Resources Operations.

I also agree to release the healthcare provider and Brigham Young University, and its employees, from any and all legal responsibility and liability for the release of my personal health information.

Student's Signature:	Date:
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Student's Name (first/middle/last):

Address:	City:	State:	Zip:
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Phone Number:	Date of Birth (mm/dd/yy):
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PLEASE NOTE: If the student is under the age of 18, the following consent form must also be completed by a parent or legal guardian of the student.

I authorize the release of my dependent's medical information (as selected above) to BYU HR Operations:

Parent/Guardian Signature:	Date:
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Parent/Guardian Printed Name:	Relationship to Student:
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Medical Appeal – FORM C

Healthcare Assessment

Step 7 – Healthcare Provider	Healthcare Provider Instructions: This form is to be completed by the student's healthcare provider and given back to the student in a sealed and signed envelope. If more convenient, the form may also be faxed to (801) 422-0640, emailed to hr-ops@byu.edu or mailed to the BYU HR Operations Center at 2024 WSC, Provo, UT 84602 in a signed and sealed envelope. For questions, please call HR Operations at (801) 422-9675.		
	Healthcare Provider Name:		Student Full Name:
	License #:		Student ID #:
	Licensed as:		Healthcare Facility Address:
	Name of Healthcare Facility:		
	Healthcare Provider Phone:		
	What date did this student first seek treatment:	Date of Most Recent Visit:	Total Number of Visits (within past 3 months):
	Based on the physical, mental or emotional state of this student, I would recommend he/she take a reduced academic course load. <input type="checkbox"/> Yes <input type="checkbox"/> Additional consultation with BYU HR Operations is necessary.		
	I verify that working a part-time job will not inhibit the physical, mental or emotional recovery of this individual towards taking a full academic course load. <input type="checkbox"/> Yes <input type="checkbox"/> Additional consultation with BYU HR Operations is necessary.		
	1. Please provide a description of the physical, mental, or emotional state of this student as it pertains to this appeal. Include information about the initial on-set of the condition, type, frequency and severity of symptoms, treatments or medications necessary to alleviate symptoms, and the medical necessity behind the reduction in course load. Attach any additional pages as needed.		
Healthcare Provider's Signature:		Date:	