



# STUDENT HEALTH SERVICES

The University of Alabama at Birmingham

The Provider Medical Withdrawal Recommendation Form and this Attestation are required for students seeking a **Voluntary Medical Withdrawal**. When submitting these, please include any additional documentation in your submission that supports this request.

## Submission Instructions:

- Log in to the UAB Student Health [Patient Portal](#) which can be located in **BlazerNet** or on the [Student Health Services Website](#).
- Once you are logged in, select the “**Messages**” Tab.
- Select “**New Message**”
- Select “**Medical Withdrawal**” and select “**Continue**”
- In the **Subject**, please indicate “**Full Term**” or “**Single Course**”
  - o *Please note that **Single Course** withdrawals only apply if a physical injury prevents physical engagement in a course that requires a physical component. Examples of this include course that requires standing, the ability to lift a certain amount of weight, or clinical activities and the student’s injury prevents this.*
  - o *If a student has an injury and has questions pertaining to accommodations, please contact the office of Disability Support Services prior to submitting this form.*
- In **Attachments**, attach this form and supporting documentation for this request. This can include, but is not limited to, the following:
  - o Medical Records
  - o Supporting documentation from other offices
  - o Official letters by medical providers that offer more information pertaining to a diagnosis
- In the Message Box, please feel free to include any information that was not included in the attachments.



**PATIENT PORTAL**

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**Attestation:** All supporting documentation must include contact information. By including this information with the submissions, students are authorizing Student Health Services to contact that office for any additional information needed to process this request.

*Acknowledgement of this **is required**. Please sign and return this form with submissions.*

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_