

# MEDICAL VERIFICATION LETTER TEMPLATE

The following is a sample template for medical verification. This letter must be printed on official letterhead and must include an original signature from a U.S.-based medical doctor, psychiatrist, doctor of osteopathy, licensed psychologist, or clinical psychologist. Federal regulations permit only these categories of medical professionals to authorize such documentation.

Students are not required to disclose specific medical conditions beyond what is outlined below. This letter should be completed, signed, and returned directly to the student. A new letter is required for each academic term in which the accommodation is requested.

Please submit completed documentation to the Warfel Center for Programs and Services at Millersville University.

## ***LETTERHEAD***

Date: [                      ]

To: The Warfel Center for International Programs and Services  
Millersville University

I have evaluated [full legal name of student] for a medical condition and recommend that the student register for [a reduced course load / no courses] for the [fall / winter / spring / summer] term of [year].

Name of authorized healthcare practitioner: [                      ]

Signature of authorized healthcare practitioner: [                      ]

Title: [MUST INCLUDE ONE OF THE FOLLOWING: Medical Doctor / Psychiatrist / Doctor of Osteopathy / Licensed Psychologist / Clinical Psychologist]