PHYSICIAN MEDICAL **CLEARANCE FORM**

NAME OF STUDENT (PRINT OR TYPE) DATE OF BIRTH

This form MUST be completed by a licensed physician prior to beginning studies at The Cooper Union. If a student takes a medical or personal leave of absence at any point in their career they need to resubmit this form prior to reengaging with their studies.

Are there any emotional, mental, or physical conditions for which this student is under medical observation and care and/or taking any medication? ☐ Yes ☐ No

If yes, please specify condition(s) and indicate any relevant details. Please attach any relevant and/or necessary documentation to this form:

Physician recommendation for student engagement in extra-curricular activities:

☐ Full Engagement without Restrictions ☐ Limited Engagement with the Following Restrictions

Restrictions are as follows:

MEDICAL CERTIFICATION

The physician noted below hereby certifies that the above-named student is emotionally, mentally, and physically able to engage in a rigorous and academically demanding course of study at The Cooper Union for the Advancement of Science and Art in New York City.

The Cooper Union is a small specialized elite institution focusing on Art, Architecture, and Engineering. Located in New York City, The Cooper Union ***does not*** have any on-campus health center nor does The Cooper Union provide access to on-going mental health services. The Cooper Union assists students in locating local resources for their physical and mental health care, but students are required to function independently and must be able to manage their mental and physical healthcare related issues.

The student named above has been examined by me and it is my opinion that they are emotionally, mentally, and physically able to engage in studies at The Cooper Union.

Name of Physician Printed | Physician Phone Number

Physician Address | Physician's Stamp

Physician Signature