

Qualifying Event for Care for Medical Condition

The Graduate Student Assistance Fund Care for Medical Condition award up to \$300 requires the following documentation:

Information Verified	Documentation Accepted	Alternative Documentation Accepted
Medical Condition	Certification for Medical Condition form by a licensed healthcare practitioner	If your medical condition is linked to services you receive from the Accessible Education Center (AEC) and give permission for AEC to disclose relevant medical information in your application, the Division of Graduate Studies can verify your eligibility with their office directly.

Certification for Medical Condition

This form is used to verify a graduate student's request for a financial award related to care for their own serious medical condition -or- the care of a spouse (or equivalent under Oregon law), registered domestic partner, child, or parent who is experiencing a serious medical condition.

To be completed by a licensed healthcare practitioner:

Patient First and Last Name

Is the patient experiencing a serious medical condition or a condition such as surgery, hospitalization, chronic illness, disability, injury, etc. that might hinder the ability to care for oneself?

_____ Yes _____ No

If no, please describe the medical condition.

Date of Discovery or Diagnosis

Date of Office Visit (related to the medical condition above)

Provider First and Last Name

Provider Title

Name of Practice

Type of Practice or Specialization

Address

Phone Number

Signature of Provider

Date Signed
