UNIVERSITY OF NEBRASKA AT OMAHA
ACCESSIBILITY SERVICES CENTER

Office: HK 104
Phone: 402-554-2872
Fax: 402-554-6015
unoaccessibility@unomaha.edu

MEDICAL SUPERVISION

First Name:_____ Last Name: _____

NU ID: _____ Date of Birth: _____

Please select all that apply:

☐ This student attended an appointment in our clinic on _____.

☐ This student is unable to attend class for medical reasons from _____ to _____.

Please print or type:

Provider Name: _____

Title or Professional Designation: _____

Highest Academic Degree: _____

Board Certification or Specialty: _____

Complete Address: _____

or Clinic Stamp:

Phone: _____ Fax: _____

Email: _____

Signature of Provider: _____ Date: _____