Neurodiagnostic Technology Program

Student Absentee Report

Name: ________________________________ Date: __________________

Time of Clinical Assignment: ________________________________

First Date Absent: ________________________________

Date Returned: ________________________________ Total Days Absent: __________________

Reason for Absence

(Check One)

_____ *Illness
Describe: ____________________________________________

Were you attended by a physician? _____ Yes _____ No

Excused/Unexcused

_____ *Medical Appointment (Include Dental)
Describe: ____________________________________________

Excused/Unexcused

_____ Family Emergency
Describe: ____________________________________________

Excused/Unexcused

_____ Funeral
Deceased’s relations to you: ____________________________________________

Excused/Unexcused

_____ Other
Describe: ____________________________________________

*If attended by a physician, his/her name and address:

________________________________________________________________________

________________________________________________________________________

Comments:

________________________________________________________________________

________________________________________________________________________

NOTE: If absence is due to illness, a physician’s statement may be required. This form is to be filled out for all absences. It must be completed and given to your clinical instructor the day you return to clinical. Failure to comply with the regulations may result in a comment on Graduate Summary Statement and may result in dismissal from program.

Instructor’s Signature: ________________________________

Student’s Signature: ________________________________