



Student Health & Wellness Self-Report

Student Health Services (SHS) encourages students to practice healthy self-care when managing **self-limiting physical illnesses or acute mental health concerns**. These short-term conditions may not always require a visit with a medical provider or mental health professional. However, they can still be contagious, disruptive, or interfere with daily functioning. Appropriate self-care includes managing symptoms, reducing the risk of spreading illness to others, and knowing when to seek additional medical or mental health support.

Please Note – This form is **not** intended for students whose absences are related to a disability and who have been approved for accommodation(s) through Disability and Accessibility Services (DAS). Students with a documented disability that involves random or cyclical acute episodes affecting class attendance are encouraged to consider [registering with DAS](#) for appropriate support.

I _____ have reviewed the
STUDENT'S NAME
information provided by Student Health Services and have determined that my symptoms are consistent with a self-limiting physical illness and/or an acute mental health concern that has impacted my ability to attend class or activities. To protect my physical health, support my mental health well-being, and or/reduce risk to others, I was unable to attend _____
EVENT/CLASS/ACTIVITY
on the following date(s) _____.

Due to (CHECK ALL THAT APPLY):

- ☐ Fever over 100 degrees Fahrenheit within 24-hours of event/class/activity
- ☐ Acute vomiting/diarrhea
- ☐ Mental Health
- ☐ Decline to disclose symptoms (see below regarding Honor Code)
- ☐ Other (please specify): _____

By signing this form, I verify that the information provided above is accurate. I understand that falsifying this information is a violation of the [Loyola University Honor Code](#) and may result in referral to the Office of Student Integrity and Restorative Justice Practices.

STUDENT'S PRINTED NAME

STUDENT ID

STUDENT'S SIGNATURE

DATE