



Self-Care Note

Student Health Services (SHS) encourages students to use self-care to treat self-limited illness unless medical care is indicated. Self-limited illnesses are healed by the body’s immune system and usually do not require a visit to a medical provider. This type of illness is often referred to as needing to “run its course”. Even though these illnesses are self-limited they can still be contagious and can make a person feel quite sick.

Treatment for these illnesses include self-care for symptoms, limiting spread to others and understanding when to seek medical care. Promoting self-care educates students about how to care for themselves and to be good stewards of health care resources.

Please Note – this form is not intended for a student who has absences related to a disability and DSS has approved them for the accommodation of [attendance policy modifications](#). Additionally, if you are a student with a documentation disability that involves random or cyclical acute episodes that may occasionally impact your ability to attend class, you might want to [register with DSS](#).

I _____ have reviewed the self-care
STUDENTS NAME

information provided by Student Health Services. My current symptoms are consistent with a self-limited illness. In order to prevent spread to others, and/or take better care of my mental health

concerns, 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

Drainage from eye(s) due to pink eye (conjunctivitis)*

*ONLY PERTAINS TO THOSE THAT WORK IN HEALTH CARE, FOOD SERVICE AND/OR CHILD CARE.

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 would be a violation of the [Loyola University Honor Code](#) and may result in penalties.

STUDENT'S PRINTED NAME

STUDENT ID

STUDENT'S SIGNATURE

DATE