

## Student With Flu-Like Symptoms

(Please print legibly)

YOUR INSTRUCTOR: \_\_\_\_\_

FROM (YOUR Name): \_\_\_\_\_

YOUR STUDENT ID: \_\_\_\_\_

DATE OF ABSENCE(S): \_\_\_\_\_

DATE FORM SUBMITTED: \_\_\_\_\_

Check appropriate boxes below:

I have confirmed that I have symptoms of the flu because:

I was told this by a health care professional ☐

OR

I have looked at the UA Campus Health Flu website ☐

and determined that my symptoms are the same as those stated on the website.

[http://www.health.arizona.edu/webfiles/health\\_topics\\_influenza.htm](http://www.health.arizona.edu/webfiles/health_topics_influenza.htm)

I am aware that I am responsible for completing any work ☐  
that I miss including assignments, quizzes, and tests.

I also understand that it is my responsibility to communicate ☐  
with my instructor through the means of communication established by my professor (D2L,  
phone, email, etc).

**NOTE: THIS IS AN EXCUSE FOR ONE CASE OF FLU PER SEMESTER. IT WILL NOT COUNT AGAINST THE ATTENDANCE POLICY FOR YOUR COURSE.**