

Below is a template for the medical verification letter. The letter must be produced on letterhead and include an original signature from a U.S.-based medical doctor, psychiatrist, doctor of osteopathy, licensed psychologist, or clinical psychologist. **Federal regulations only allow these specified medical professionals to sign.**

You are not required to provide medical details other than what is below. Copy the text below onto letterhead, make necessary selections as noted in brackets, sign, and return the completed letter to the student.

A new, up-to-date verification letter will be required for each term for which the student requests the accommodation.

Thank you.

Office of International Services

Johns Hopkins University

LETTERHEAD

Date: []

To: Office of International Services, Johns Hopkins University

I have evaluated **[full legal name of student]** for a medical condition and recommend that the student register for [a reduced course load/no courses] for the [fall/winter/spring/summer] term of [year].

Name of authorized healthcare practitioner: []

Signature of authorized healthcare practitioner: []

Title: [MUST INCLUDE ONE OF THE FOLLOWING: Medical Doctor/Psychiatrist / Doctor of Osteopathy/Licensed Psychologist or Clinical Psychologist]