**Logo

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**Villanova University-Parking and Transportation**

**800 Lancaster Ave Garey Hall**

**Villanova, PA 19085**

**Ph# 610-519-6989 Fax# 610-519-7004**

**Medical Certification and Treatment Schedule**

To be completed by Treating Medical Professional or when there are multiple medical professionals, the General Practitioner overseeing treatment.

|  |  |  |
| --- | --- | --- |
| **Date** | **Student/Patient Name and DOB** | **Student ID#** |
| **Medical Professional and Practice Name** | **Medical License#** | **Specialty** |
| **Phone** | **Address** | **Email** |
| **First Appointment** | **Most Recent Appointment** | **Estimated End Date of Treatment** |
| **Expected In-Person Treatment Schedule. Include days, times and location of appointments and treatment. If more space is needed, please attach any additional documentation.** |  |  |

**The Villanova Parking Office can request additional information from the Medical Professional listed above.**

**Yes No**

**Medical Professional Signature**