



Syracuse University Medical Transport Request

Syracuse University Health Services will provide temporary medical transport to students for appropriate medical conditions. Free bus service is also available to students (parking.syr.edu)

Student _____ Date of Birth _____

SU ID: _____

To be completed by student's physician:

Requesting Medical Transport for the following medical condition:

Onset date: _____

Anticipated end date of transport: (maximum 6 weeks) _____

Provider Signature _____ Date _____

Provider Name _____

Address _____

City _____ State _____ Zip _____

Final authorization of medical transport will be by Syracuse University Health Services

Internal Use Only:

Authorized by: _____

Signature: _____

Date: _____