

Attendance Report
Allied Health Department | Mineral Area College

- **NO** absence or tardy to an Allied Health Department program is excused; **ALL** absences and tardies will be subject to policy consequences, if applicable.
- Complete this form for an absence, tardy, or early exit to **any portion of a scheduled day or class**
- Submit completed form upon return to next scheduled class to program instructor
- Attach a medical facility statement when applicable

Today's Date: _____ Program: Nursing Paramedic EMT Radiology

MAC ID: _____ Student Name: _____

ABSENCE Start Date: ___/___/___ End Date: ___/___/___ Total # Days: _____

TARDY Date: ___/___/___ Arrival Time: _____ : _____ Total # Hours: _____

Reason: Illness Transportation Time Management Family Emergency Funeral

Other/Details: _____

Student Signature: _____

Faculty Signature: _____