Return from Medical Leave of Absence, Health Care Provider Form
Instructions: This form is to be completed by the student's community health provider and be mailed to: Lauderdale Center for Student Health and Counseling, 1 College Circle, Geneseo NY, 14454 in addition to forwarding all relevant clinical records with signed releases.

Student name: _____ D.O.B: _____

Provider name: _____ License #: _____

Provider licensed as: _____ State of licensure: _____

Dates of treatment (first session and most recent): _____

Treatment details (e.g. surgery, hospitalizations, medications, rehabilitation):

_____

_____

_____

ICD-10 diagnoses: _____

Other relevant clinical issues: _____

_____

_____

Please provide your professional judgment in response to the following questions:
Has there been a substantial amelioration of the student's original medical/psychological condition?
____*yes* ____ *no*

If yes, please check all of the following that you have observed a marked reduction of in this student:

_____ number of symptoms
_____ severity of symptoms
_____ persistence of symptoms
_____ functional impairment
_____ subjective level of client distress

Please use the space below to let us know, in your professional judgement, given the academic rigor and physical challenges associated with the college environment, if, in your professional judgement, this student is healthy enough continue pursuing their education, in this setting, at the current time. Please include any special considerations or treatment recommendations this student may benefit from once returning to campus:

Clinician signature: _____ Date: _____