GENESEO
THE STATE UNIVERSITY OF NEW YORK

Department of Student Health and Counseling

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: Student Health and Counseling, Attention: Amy Gonzalez, 1 College Circle, Geneseo NY, 14454 or faxed to 585-245-5744.

Student name: _____ D.O.B: _____

Provider name: _____ License #: _____

Provider licensed as: _____ State of licensure: _____

ICD-10 diagnoses Related to Leave: _____

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

Planned treatments (e.g., surgery, hospitalizations, medications, rehabilitation):

_____

_____

_____

Other relevant clinical issues: _____

_____

_____

Anticipated course of treatment and planned return to academics:

_____

_____

_____

Clinician signature: _____ Date: _____

2/2025