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: Student Health and Counseling, Attention: Amy Gonzalez, 1 College Circle, Geneseo NY, 14454 or faxed to 800-859-6916. We cannot accept this form from the student.

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 _____ functional impairment

_____ severity of symptoms _____ subjective level of client distress

_____ persistence of symptoms

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 to 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: _____