

**RETURN FROM MEDICAL LEAVE OF ABSENCE
TREATMENT PROVIDER FORM**

Dear Provider: You have been asked to complete this form as part of the process by which students returning from extended time away from campus for medical reasons are transitioned back into academic life. We want to ensure that students are able to participate in the College of Mount Saint Vincent's campus community, with or without reasonable accommodations, and that we put in place all that is necessary to help students be successful. Your assessment and recommendations are an integral part of this process. Please contact the Dean of the Undergraduate College at deanofundergraduatecollege@mountsaintvincent.edu if you have any questions or concerns. Please email completed forms to: deanofundergraduatecollege@mountsaintvincent.edu.

PART I: TO BE COMPLETED BY STUDENT

I hereby authorize _____ to obtain information from the treatment provider listed below for purposes of evaluating my request to return to the College of Mount Saint Vincent. I understand that this authorization is voluntary, and I may refuse to sign it. This authorization will expire 180 days from the date on which I sign it. I understand that I may revoke this authorization at any time by providing written notice to the _____.

Student Signature: _____ Date: _____

PART II: INFORMATION ABOUT THE PROVIDER

Name of Provider: _____ Degree: _____

Specialty: _____

Address: _____ City: _____ State: _____

Telephone: _____ Fax: _____

Email: _____

License/Certificate # and State of License: _____

PART III: TO BE COMPLETED BY PROVIDER

**A. BASIC MEDICAL INFORMATION OF STUDENT/PATIENT (REFERRED TO
HEREIN AS “STUDENT”)**

1. Student Name: _____

2. Medical Diagnosis Triggering Leave of Absence: _____

3. Describe the diagnostic criteria or test used:

4. Identify how long the student has been under your care for the condition:

5(a). Is student able to return safely to school without limitation?

Yes____ No____

5(b). Is student able to return safely to campus housing without limitation?

Yes____ No____

If You Answered No to 5(a) or 5(b) Above:

Identify all current major life activities affected by the diagnosis and describe the severity of the student’s functional limitations resulting from the medical disability:

Provide suggested accommodations and state in what way the requested accommodations will serve to create an equitable educational experience for the student:

(attach separate note if additional space is needed)

B. COMPLETE ONLY IF MEDICAL LEAVE RELATED TO MENTAL HEALTH CONCERNS

1. Do you have concerns about the student's capacity to carry out substantial self-care obligations?
 - No concerns
 - Minor concerns
 - Moderate concerns
 - Student is unable to unwilling to carry out substantial self-care obligations

If you have indicated moderate concerns or believe that the student is unable or unwilling to carry out substantial self-care obligations, please explain below, indicating any recommendations on mitigating such concerns:

2. Do you have any concerns about the student as it pertains to his or her personal safety?
 - No concerns
 - Minor concerns
 - Moderate concerns
 - Student presents an actual risk of serious self-harm

If you have indicated moderate concerns or believe that the student presents an actual risk of serious self-harm, please explain below, including any recommendations on mitigating such concerns:

3. Do you have any concerns about the student as it pertains to the safety of others?

No concerns

Minor concerns

Moderate concerns

Student poses a significant risk to the safety of others

If you have indicated moderate concerns or you believe the student poses a significant risk to the safety of others, please explain below, including any recommendations on mitigating such concerns:

4. Please tell us if continuing treatment is recommended upon return to school. (Be sure to specify the type, frequency, and duration of care you recommend, and the symptoms of functional difficulties that on-going treatment may need to address.)

Provider Signature: _____ Date: _____