



## College Health Services and Counseling Service

### Readiness to Return from Medical Leave of Absence

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Title, Credentials, and License Number: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. I understand that \_\_\_\_\_ (student name) has applied for clearance to return to Mount Holyoke College after a period of medical leave of absence. I also understand that the information I provide herein will be used to determine readiness to return to independent living and intense academic rigor.
2. This student has been under my care from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).
3. I saw this student for the treatment of \_\_\_\_\_ for approximately \_\_\_\_\_ visits. (List diagnosis and approximate number of visits)
4. \_\_\_\_\_ (initial) I attest that I know this student well enough to determine whether or not there are medical barriers (symptoms, behaviors) to their readiness to return to MHC as a student. Comments:
5. \_\_\_\_\_ (initial) I attest that this student is medically stable enough to return to living independently in the residence halls. Comments:
6. \_\_\_\_\_ (initial) I attest that this student is medically able to resume academic study and make progress toward completion of their degree. Comments:

7. \_\_\_\_\_(initial) I understand that MHC does not mandate treatment and cannot assure compliance with any treatment recommendations. Comments:
8. \_\_\_\_\_(initial) I have submitted a signed two-way release of communication for this student. Comments ( if not, please explain):
9. \_\_\_\_\_(initial) I have assessed this student and attest that this assessment did not indicate a significant threat of substantial harm to anyone including the student themselves. Comments:
10. \_\_\_\_\_(initial) I understand that failure to attest to any of the above items may result in continuation of leave versus clearance.

Other comments:

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Provider Signature

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Date

Please return to:

Mount Holyoke College Counseling Service or College Health Services

Pattie Groves Health Center

50 College Street

South Hadley, MA 01075

Counseling Service - (T) 413-538-2037, (F) 413-538-3518

College Health Services - (T) 413-538-2121, (F) 413-538-2352