



Office of the Dean of Students
 Campus Box 2045
 Elon, NC 27244
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 Phone: 336.278.7200
 Fax: 336.278.4126

Health Recommendation for Return from a Medical Leave

INSTRUCTIONS TO THE STUDENT APPLYING FOR RETURN: This form must be completed by a licensed healthcare provider. If you are seeing multiple healthcare providers for treatment, please have each provider complete this form. The provider’s opinion is one of several important factors that will be weighed when determining a student’s eligibility and readiness to return to classes.

All documentation must be received at least thirty days prior to the beginning of the term for which the student plans to return.

INSTRUCTIONS TO THE TREATMENT PROVIDER: The patient/client named below is a student of Elon University who is preparing to return from a medical leave of absence. The university must receive this completed form before a return from a medical leave of absence can be approved. This form must be submitted by a licensed physical/mental health provider.

Following receipt of this and other documentation related to the student’s return, a review committee will consult to determine the student’s eligibility for return. As a result, your candid and timely response is appreciated.

Please fax this form to the Office of the Dean of Students at 336.278.4126 or email it to us at deanofstudents@elon.edu, and **ensure the student receives a copy**

Students wishing to access/register for accommodations should contact the Office of Academic Accommodations and Accessibility (AAA) at 336-278-6514 for more information. See information online at:

<https://www.elon.edu/u/academics/koenigsberger-learning-center/academic-accommodations-accessibility/>

Provider/Clinician Name:	Student Name:	
Provider’s Professional Credentials:	License #:	State of Licensure:
Diagnosis:	Number of appointments and date of most recent appointment:	

Please summarize the treatment provided, including the nature of the treatment and any medication information.

Please describe the student’s response to the treatment, including any compliance concerns relevant to treatment progress.

Please describe the student's ability to function safely and independently as a full-time student, addressing the student's ability to manage stress, ability to manage a lack of structure, ability to concentrate, ability to manage demanding interpersonal relationships.

If this student engaged in past behaviors that impeded health, safety, or academic progress, please describe any action steps the student has taken to mitigate or reduce the occurrence of the behaviors upon return to the university environment. *Examples of behaviors might include: self-destructive or injurious behavior, behaviors that are disruptive to the educational environment, suicidal behaviors, negative avoidance or isolation behaviors, failure to attend class for extended periods of time, etc.*

Yes No

Is continued treatment recommended? **(If yes, Continuity of Care Plan on Page 3 must be completed)**

Yes No

Is student able to function safely and independently, without monitoring, in a campus **academic** environment?
Comments:

Yes No

Is student able to function safely and independently, without monitoring in an on-campus **residential** environment? **Comments:**

Yes No

If the student is approved to return to Elon University, do you have additional non-clinical/treatment-related recommendations to support success? If yes, **please specify recommendations:**

Patient/Student Name:

Continuity of Care Plan

Students returning from a medical leave of absence with recommended continuity of care are required to confirm a continuity of care plan is in place (including name of provider and date of first appointment upon return). This information must be received before a return can be reviewed. This process is in place to support health, wellbeing, and success upon return to Elon University.

Important Notes About Continuity of Care:

- University staff do not monitor ongoing compliance with this plan. Students returning from medical leave must be able to function independently and safely without compliance monitoring. If you have concerns about a student's ability to function independently and safely without compliance, please include these concerns below.
- Elon's Health and Counseling Services are typically not an appropriate referral point for continuity of care planning. Students who are to be connected with on-going physical or mental health services are encouraged to do so using community care providers located off campus. For further information regarding scope of practice, please contact Health Services (336-278-7230) or Counseling Services (336-278-7280) directly.

Please provide a detailed description of any continued treatment that is recommended for this student. Where appropriate, provide information regarding the recommended type and frequency of treatment and include any medication management, if applicable.

Please provide the name(s), contact information, and date of first appointment(s) with treatment provider(s):

ATTESTATION BY LICENSED CLINICAL TREATMENT PROVIDER:

Please sign below to confirm this form has been completed by treatment provider or designee (student may not complete form).

Signature: _____ Date: _____

Address: _____ Email: _____

Phone: _____ Fax: _____