NEW YORK UNIVERSITY
STUDENT HEALTH CENTER
Member of The Wellness Exchange

Counseling & Wellness Services
726 Broadway, Suite 471
New York, NY 10003-9580
Telephone: (212)998-4780
Fax: (212)995-4096

CERTIFICATION OF READINESS TO RETURN TO SCHOOL FROM MEDICAL LEAVE OF ABSENCE

To the evaluator: The student named below has requested to return from a medical leave. The information that you provide will be used to determine the appropriateness of the student's return to school, as well as the type of assistance the student might need if allowed to return. A signed release is attached to this form. Please complete this form, answering all questions, and fax or mail it with your signature. Please write clearly. Thank you for your assistance.

Student's Name _____ Student's Date of Birth _____

NYU N#: _____

1. Since what date have you worked with the student? _____
2. How often have you seen the student? _____
3. Describe the student's impairment at the beginning of the medical leave (please specify symptoms and include diagnosis):

   _____

   _____

   _____

   _____

4. Explain the current status of the impairment and of the original symptoms:

   _____

   _____

   _____

   _____

5. Explain specific conditions or circumstances which may exacerbate the condition:

   _____

   _____

   _____

6. What is the current treatment plan (include follow-up psychotherapy and medication management, if any):

_____

_____

_____

7. Given the student's current level of functioning and the treatment plan:
   a. What difficulties do you anticipate for the student in performing academically, fitting in within the university community, or having a recurrence of symptoms? :

_____

_____

_____

   b. Is this student able to return to school? If so, do you recommend full-time or part-time status?

_____

   c. Is this student appropriate to live in a university residence?

_____

8. Please include any additional information:

_____

_____

_____

Name, Professional Degree, and Licensure/Certification:

_____

Address: _____ Telephone: _____

Signature: _____ Date: _____

Student's signature providing release of information: _____

Please fax to: 212.995.4096