



Cornell University

Health Leaves Coordinator
Student Disability Services
Cornell Health, Ho Plaza
Ithaca, NY 14853
Phone: 607.255.8745
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REASON FOR A HEALTH LEAVE OF ABSENCE PROVIDER DOCUMENTATION FORM

Student Name: _____

Date of Birth: _____ Cornell NetID: _____

Instructions for the Health Care Provider or Disability Access Consultant:

- Complete this page to support the student's request for a health leave of absence
- Return form to the Health Leaves Coordinator (see contact information in letterhead)

Provider Name: _____

Provider Title: _____

Provider Signature: _____ Date: _____

1. What is the disability or medical/mental health reason for a health leave of absence?

2. How does the student's disability or physical/mental health impact their ability to engage in the student experience at Cornell University?

3. What is the recommended course of treatment or plan for recovery? If possible, indicate the expected duration of the treatment/recovery.