Cornell University

Health Leaves Coordinator
221 Day Hall
Ithaca, NY 14853
Fax: 607.255.1562
Email: healthleaves@cornell.edu

HEALTH LEAVE OF ABSENCE DOCUMENTATION FORM

Student Name: _____ **Date of Birth:** _____

Student NetID: _____

Date the HLOA was requested from Cornell: _____

REASON FOR A HEALTH LEAVE OF ABSENCE

Instructions for the Health Care Provider or Student Disability Services Counselor:

- Please complete this section to support the student's request for a health leave of absence from Cornell University.
- Your name, title, and signature are required.
- Return to the Health Leaves Coordinator

Provider Name: _____

Provider Title: _____

Provider Signature: _____ **Date:** _____

What is the condition for which the student needs a health leave of absence?

What are the ways in which the health condition has impacted the student's ability to function successfully as a student at Cornell University?

DOCUMENTATION OF FITNESS TO RETURN FROM LEAVE OF ABSENCE

Instructions for the Health Care Provider or Student Disability Services Counselor:

- Please select yes or no for each question and use the space below to explain the basis of your determination or provide more information.
- Your contact information and signature are required. The Health Leaves Coordinator may follow up with you for additional information.
- Please send completed form to Cornell Health Leaves Coordinator:

  FAX: 607-255-1562
  MAIL: 221 Day Hall, Ithaca, NY 14853
  Email: healthleaves@cornell.edu

Student Name: _____ **Net ID:** _____

Provider Name: _____ **Work Phone:** _____

Provider Title: _____

Fax: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Does the student demonstrate a substantial amelioration or improved management of the health condition that precipitated the need for a Health Leave of Absence? ◯ **Yes** ◯ **No**
Please provide any necessary details below:

Does the student demonstrate the ability to function safely as a student? ◯ **Yes** ◯ **No**
Please provide any necessary details below:

Given the rigor and challenges of the academic and social environment to which the student will return, in your professional opinion, is the student fit to resume their education at Cornell?

◯ **Yes** ◯ **No**

Please provide any necessary details below:

Will the student need ongoing support or care in order to return to Cornell? ◯ **Yes** ◯ **No**
If yes, please describe the type of support you recommend:

Provider Signature: _____ **Date:** _____