



Health Leave of Absence: MEDICAL CARE PROVIDER REPORT

INSTRUCTIONS: This student is applying to return to Cornell University after taking a Health Leave of Absence (HLOA).

- STUDENT: complete PART 1.
MEDICAL CARE PROVIDER: complete PARTS 2, 3, and 4
If necessary, use the back of this page or attach documentation to expand on your responses and record additional comments regarding the student and her/his ability to function safely, stably, and successfully as a full-time university student at this time.
Please send: ATTN: HLOA/Health Records - by FAX: 607.255.0269 or by MAIL: use above address.

PART 1 Student information

Student name _____ Date of birth _____
Medical condition that precipitated taking HLOA _____

PART 2 Medical care provider information / signature

Name _____ Profession licensed as _____
Signature _____ License number _____
Date _____ State of licensure _____

PART 3 Medical care provider assessment

What is your assessment of the current status of the student's condition? [] Good [] Fair [] Poor

Do you have any reservations regarding this student's full-time enrollment at Cornell University in the upcoming semester?

[] No reservations [] Reservations: _____

What are your recommendations for the student's ongoing care upon returning to school? _____

PART 4 Physical exam

Height _____ Weight _____ BMI _____ Pulse _____ Blood pressure _____
General appearance _____

Table with 3 columns: Exam, Finding, Comments / Abnormals. Rows include Eyes, Ears, Nose, Mouth/Throat, Neck, Heart, Lungs, Abdomen, Skin, Extremities, Neurologic.