

# Assessment and Recommendation for Return from Medical Leave

## Medical Leave and Return Process – Michigan State University

### PART 1: To be completed by the Student

Student Full Name:

Preferred Name:

Student ID Number:

MSU Email Address:

Requested term for return from medical leave (e.g. Fall 2023, Spring 2024):

\_\_\_\_ (Student Initials): I understand the Office of Student Support and Accountability may audit my form to ensure the information provided is accurate and this may include contacting my treatment provider.

\_\_\_\_ (Student Initials): I authorize my treating health care provider(s) to communicate with the Office of Student Support and Accountability at Michigan State University regarding this request for a leave of absence for medical reasons. This consent will automatically expire when a determination is made regarding my request to return from a leave of absence.

*By providing this form to my licensed treatment provider, I understand they will complete it using my personal health information and I will send it to the Office of Student Support and Accountability (OSSA) at Michigan State University in order for my request for Medical Leave to be reviewed. Only the information requested and shared specifically on this form will be reviewed by the staff within OSSA at MSU. I understand that my provider may have additional requirements related to patient/client privacy.*

Student Signature:

Date:

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### PART 2: To be completed by the Licensed Treatment Provider

- Your patient, a Michigan State University student, is seeking re-enrollment following a Medical Leave of absence. The student's return request must be accompanied by this form in order to be reviewed.
- This form must be completed by a licensed treatment provider who provides treatment to the student. No other medical documentation will be reviewed.
- While students are not limited to one Medical Leave, in the interest of student health and success, they are asked to work closely with their treatment provider(s) to determine their readiness to return to the academic environment. Typically, at least one semester/term should elapse after the Medical Leave before a student returns to enrollment.

Provider Name:

Professional Credentials:

Professional License #:

State (or Country) of Licensure:

Provider Phone Number:

Provider Email:

### Report

Dates of treatment: \_\_\_\_\_ to \_\_\_\_\_ Number of appointments/sessions attended: \_\_\_\_\_

*For tracking/trend purposes only* – Is the student's condition primarily related to:  Physical health  Mental health

**REQUIRED specific, observed changes in student's functioning during time in treatment with you** (e.g. ability to function safely as a full-time student, ability to manage stress, ability to navigate life tasks with lack of structure, ability to concentrate, ability to manage interpersonal relationships, etc.):

## Assessment

1. Your recommendation regarding the student's readiness to return to academic enrollment (e.g., handling stress of day-to-day, ability to focus for significant periods of time, etc.):

Student is **ready** to resume academic enrollment

Student is **not yet ready** to resume academic enrollment

**REQUIRED rationale for your selection:**

The Office of Student Support & Accountability works to connect students returning from medical leave with campus resources and opportunities that support their health, wellness, and academic success.

2. If you recommended that the student is **ready** to resume academic enrollment, please describe:

a. Optional recommendations regarding ongoing treatment upon returning to the academic environment:

b. Optional recommendations regarding non-clinical resources, opportunities, or activities to support their personal and/or academic success:

\_\_\_\_ (Provider's Initials): I understand the Office of Student Support and Accountability at Michigan State University may contact me to verify the information provided.

Please sign below to confirm this form has been completed by the licensed treatment provider to the student or designee.

Provider/Designee Signature:

Date:

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**When complete, return this form to the student/patient/client, who will then share it with MSU for consideration of a Medical Leave.**

Office of Student Support and Accountability – Michigan State University

<https://ossa.msu.edu/medical-leave>

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