



# JHU Medical Leave of Absence Request Provider Form

## Instructions

This form must be completed by the student's licensed medical and/or medical health service provider. This form should be uploaded by the student when submitting the [University Leave Request Form](#).

## Provider Information

|                    |  |  |  |
|--------------------|--|--|--|
| Provider name      |  | Street Address Including City, State, and ZIP Code |  |
| License Type       |  | License #  |  |
| State of Licensure |  | Telephone  |  |

## Student Information

|              |  |               |  |
|--------------|--|---------------|--|
| Student name |  | Date of Birth |  |
|--------------|--|---------------|--|

## Treatment Information

|  |   |                       |  |
|--|---|-----------------------|--|
| Date of First Contact  |   | Date of Last Contact  |  |
| Total # of Contacts  |   | Frequency of Contacts |  |
| Medical Condition  |   |                       |  |
| Type of Treatment (check all that apply)   | <input type="checkbox"/> Medical <input type="checkbox"/> Psychological/Mental Health <input type="checkbox"/> Psychiatric <input type="checkbox"/> Substance Abuse<br><input type="checkbox"/> Other (specify) |                       |  |
| Impact of the condition(s) on student's academic and overall functioning   |   |                       |  |
| Do you intend to continue treating this student while on a Medical Leave of Absence? If not, do you recommend that the student continue to be treated while on a Medical Leave of Absence? If so, what is the recommended type of treatment.     |   |                       |  |
| Please provide your professional recommendations regarding treatment or care for the management of this student's condition(s), with a focus on what treatment and supports will help the student to transition back to enrolled student status. |   |                       |  |

Signature

*Signature of the Person Submitting this Form*

Name

*Name of the Person Submitting this Form (print)*

Date of Signature

*MM*

*DD*

*YY*