



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	
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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 Use <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

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>MM</i>	<i>DD</i>	<i>YY</i>