



# JHU Leave of Absence Return Request Provider Form

## Instructions

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

## 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 (ie. Daily, weekly, etc.)	
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 <input type="checkbox"/> Other (specify)		
Do you recommend that this student be reinstated?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you intend to continue treating this student if they are reinstated as a student? If not, do you recommend that the student continue to be treated once they return? If so, what is the recommended type of treatment that will help the student to transition back to and remain in an enrolled student status?			
Please describe any continuing impact from the student's condition and any recommendations for accommodations. If you have an opinion regarding whether it will be possible for the student to transition back to and remain in an enrolled student status, full time or otherwise, please include that information too.			

**Signature**

Signature of the Person Submitting this Form

**Name**

Name of the Person Submitting this Form (print)

**Date of Signature**

MM DD YY