## Readiness to Return after Medical Withdrawal Form

Kenyon College Health & Counseling Center

To the Student: In order to resume studies at Kenyon College, you will be asked to demonstrate that the condition that has caused you to withdraw has sufficiently resolved to allow resumption of studies. To facilitate this process, your healthcare provider(s) must provide student health/counseling services with a completed and signed copy of this form. If you are under the care of more than one provider, a form from all providers is required. Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ I plan on returning: Fall 20 \_\_\_\_ Spring 20 \_\_\_\_ Primary Reason for Medical Withdrawal: Name of Physician or Healthcare Provider: Office Address: Telephone Number: Authorization for Release of Information: I authorize the Health Care provider above to provide information regarding my medical history and condition(s) to Kenyon College Health & Counseling employees. I further authorize the Health Care Provider above to provided additional information regarding my medical condition and recommendations for ongoing treatment to the Associate Director or designee, if requested. I understand that the information to be released is confidential and protected from disclosure to any individuals not involved in approving my return from leave. Student Signature: Date: To the Clinician or Health Care Provider: Kenyon College is a highly competitive academic institution. Many students find it stressful to succeed with the demanding course load and accompanying expectations. The College can provide medical and counseling services for brief, acute illness and injury. If the condition is going to require extended therapy or more complicated medical monitoring, please be aware that we are located in a rural area with limited specialists. Our expectation is that Students will be able to live and care for themselves independently, safely and effectively. Please respond to the following questions to the best of your ability in order to address the student's readiness to resume studies and fully participate in the academic, residential, and social components of college life. 1. Describe the circumstances and concerns that prompted this student to seek treatment. 2. Provide a summary of his/her treatment history and the course of treatment with you.

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3. What is the current treatment plan? Please include information regarding follow-up psychotherapy and medical management, if any.
4. Based on the current health condition, are there any difficulties you would anticipate for the student in order for them to succeed
academically, adjust to the college community, or prevent a worsening of their condition?
5. Do you have any recommendations concerning academic (reduced course load), residential (room accommodations), or dietary needs that
would help this student when they return to college.
6. Do you have any additional comments or suggestions?
Signature of Health Care Provider
Date
Preferred method of communication:
Telephone
Email
Please fax to Kenyon College Health Center @ 740-427-5527 or Counseling Center @740-427-5446.
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