



# CONNECTICUT COLLEGE

## STUDENT HEALTH SERVICES

### MEDICAL LEAVE RETURN LETTER

The following information should be returned to the Director of Student Health Services **at least 21 days prior** to your anticipated return to college. If paperwork is not received within a sufficient amount of time, a smooth re-entry may be delayed.

**From student:** Signed Exchange of Information Form (below)

I \_\_\_\_\_ (DOB \_\_\_\_\_) hereby authorize \_\_\_\_\_ (healthcare provider(s) to exchange information with the Connecticut College Student Health Services Director regarding my medical leave.

\_\_\_\_\_

signature

\_\_\_\_\_

date

**From Health Provider(s):**

- Provider(s) name, credentials, address, fax, phone and email address (no relatives will be accepted as providers)
- Length and type of treatment
- Diagnosis
- Prognosis
- Current medications
- Recent history of success with employment and/or academics
- Ability to participate in college life, including academic, dorm, social activities, etc.
- Recommended accommodations
- Recommendations regarding continued health treatment and medications

Upon receipt of this written information, the Director of Student Health Services (or designee) may contact the provider for follow-up. An interview with the student may also be required. Appropriate information regarding the student's return will then be forwarded to the appropriate Academic Dean and the Dean of Student Life.