



# Leave of Absence Return Provider Information Form

Please fill out the form below and attach appropriate supplemental documentation for your client \_\_\_\_\_.  
Thank you in advance for your support and cooperation.

Practitioner Name/Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Specialty/qualification to make diagnosis \_\_\_\_\_

1. Diagnosis, instruments and procedures for diagnosis, date of diagnosis and dates of attendance/clinical visits.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the treatment provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Severity of condition. (Mild, Moderate, Severe) \_\_\_\_\_

4. List current medication(s), dosage frequency and adverse side effects.

\_\_\_\_\_  
\_\_\_\_\_

5. Please indicate prognosis and recommendations for return. Each recommendation must be supported by the diagnosis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

---

Signature of Specialist

Date

Please note that the Associate Dean for Student and Community Wellbeing, in consultation with appropriate University officials, will make all final decisions on readmission for any student granted a Medical Leave of Absence.

Please return the completed form and supplemental documentation to:

Associate Dean for Student and Community Wellbeing, Del Rey Honeycutt

(716) 375-2354

E-Mail: [dhoneycu@sbu.edu](mailto:dhoneycu@sbu.edu)