NYU STUDENT HEALTH CENTER

726 Broadway, 4th Floor
New York, NY 10003

Phone 212-443-1000
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CERTFICATION OF READINESS TO RETURN TO SCHOOL FROM NON-PSYCHOLOGICAL MEDICAL LEAVE OF ABSENCE

This form is for students who have gone out on leave for non-psychological medical reasons. Students returning from psychological leave will need to have a different form completed by a licensed mental health professional or a **provider in Counseling and Wellness Services.**

Student's Name: _____ N#: _____ Date of Birth: _____

□ On Campus □ Off Campus □ International Student □ Financial Aid

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MEDICAL PROVIDER'S SECTION

1) Are you the medical provider who was overseeing care of this student while they were out on medical leave? □ Yes □ Yes □ No

2) Have you reviewed the student's original diagnosis and reason(s) for going on medical leave? □ Yes □ No

3) Did the student complete the treatment plan and recovery period that was indicated at the beginning ofleave? □ Yes □ No

4) In your opinion, is this student ready to return to leave and participate fully in academic life at NYU? □ Yes □ No

If not, please leave a comment below and skip Question 5.

_____

_____

5) Will the student require accommodations or part-time enrollment upon return from leave? □ Yes □ No

If yes, please explain:

_____

_____

Name & Prof. Degree: _____ License#: _____

Signature: _____

Address: _____

Phone Number: _____