



NYU STUDENT HEALTH CENTER

726 Broadway, 4th Floor
New York, NY 10003

Phone 212-443-1000
Fax 212-443-1151

CERTIFICATION 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

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 No
 Yes
- 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 of leave? 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: _____

