



## Student Readmission Following Medical Withdrawal Health Care Provider Statement

A student seeking readmission following a Medical Withdrawal should provide to the *Student Health Center or Counseling & Psychological Services* a statement from a Health Care Provider(s) who provided treatment during the medical leave. A separate statement from each provider is needed. The provider should not be a family member, relative, significant other, or family friend of the student; the nature of the provider's relationship must be entirely professional in nature. A signed Release of Information (ROI) should accompany the statement from the Health Care Provider permitting consultation with Fairfield University health providers.

*The Health Care Provider(s) may complete this form or may write a letter that addresses the following:*

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Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Treatment modality used \_\_\_\_\_  
Indicators of progress since initial medical withdrawal \_\_\_\_\_

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An assessment of the student's ability to manage or cope with the issues which led to the withdrawal:

\_\_\_\_ Competent      \_\_\_\_ Developing Skill  
\_\_\_\_ Other \_\_\_\_\_

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An assessment of the student's ability to handle a full time college course load and college life (e.g. academic pressure, peer pressure, etc.):

\_\_\_\_ Competent  
\_\_\_\_ Competent, but certain disability accommodations are recommended (student should consult Fairfield University Disability Support Services)

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If applicable: List activities/experiences which demonstrate the student's readiness to live independently in the residence halls without supervision: \_\_\_\_\_

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An endorsement indicating the student is medically cleared to return to full time college student status:

\_\_\_\_ Yes, endorsed without reservations  
\_\_\_\_ Yes, endorsed with reservations (provider should contact either the *Student Health Center or Counseling and Psychological Services* to discuss) (Continued)

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Follow up recommendations and recommended treatment plan:

\_\_\_\_ Continued treatment is not necessary at this time

\_\_\_\_ Student will remain in treatment with current provider(s)

\_\_\_\_ Treatment should be transitioned to Fairfield University provider(s); (provider should contact either the *Student Health Center* or *Counseling and Psychological Services* to discuss)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Professional Credentials: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### Fairfield University Contact Information:

#### Student Health Center

Contact: Julia Duffy, Director

Phone: (203) 254-4000, Ext. 2241

Fax: (203) 254-4263

#### Counseling and Psychological Services

Contact: Martin Pino, Director

Phone: (203) 254-4000, Ext. 2146

Fax: (203) 254-5545

#### Disability Support Services

Contact: Megan Buxton, Director

Phone: (203) 254-4000, Ext. 2615