Elizabethtown College Medical Withdrawal Re-Entry Documentation Form

During a Medical Withdrawal, the College expects the student to participate in professional health care treatment with a licensed health or mental health provider to resolve or manage the concerns that lead to the withdrawal. This form is to be completed by the licensed health or mental health provider who treated the student. If more space is needed to answer the questions, the medical provider may provide responses on professional letterhead and attach to this form. This information is used to help determine if the student can function safely in the college environment and to assess if the student is connected with appropriate support resources.

Studer	nt's Name:			
1)	Dates and Description of Treatment	:		
2)	Recommendations for Continued Tr	eatment:		
3)	Do you assess the student as currently, or in the reasonably foreseeable			
	future, being a safety threat to a Comment:		Yes No	
4)	Can the student safely return to uns setting which requires contact a Comment:	nd cooperation with oth	ners? Yes	5 No
Provid	er Name (printed)			
Signature & Title/Position Date				
Address			Phone:	
	216 B Eli Eliz Pł	Return form to: tor of Student Wellness Baugher Student Center izabethtown College One Alpha Drive sabethtown, PA 17022 hone: 717-361-1405 Fax: 717-361-4776		