

Request for Re-entry from Medical Leave of Absence (MLOA)

Name _____ ID _____

Date or Semester medical leave began _____

Desired returning semester's start date _____
(mm/dd/yy)

It is required to submit the following documentation upon request for re-entry to school:

1. A letter from your treating clinician(MD, DO, NP, PA or licensed mental health clinician) detailing your medical condition with diagnosis, compliance with stated treatment plan -- including medications if prescribed.
2. A letter from your treating clinician stating reason that he/she recommends and supports your return to classes.
3. Description of planned follow-up care upon return to school including confirmation of an appointment date and time with a clinician outside of UHCS after re-entry-including clinician's name, address, and phone number.

I have read the information on MLOA under FORMS on the UHCS website and in the Student Handbook. I understand re-entry from MLOA will not go into effect until all information has been received, reviewed and approved by UHCS.

I understand that re-entry from a medical leave requires a completed request for re-entry form and clinical documentation supporting the re-entry to classes be faxed, sent, or delivered to UHCS on or around one month prior to the planned re-entry. Clinical documentation supporting the re-entry **must include** an appointment date with a clinician outside of UHCS after re-entry and be submitted with the request.

Signature _____ Date _____

Address _____

Phone _____
(cell) _____ (home) _____

Return this form to Medical Leave Coordinator, UHCS, 135 FR, NU, Boston, MA 02115 or, fax (617.373.2601). Phone: 617.373.2772 option #4.