

Request to Return – Healthcare Provider Report

This form is required when a student would like to return to Goucher College after an official medical withdrawal, medical leave of absence, hospitalization or reinstatement with a Dean of Students’ hold. The form must be completed by the student and the student’s healthcare provider. “Healthcare Provider” means Licensed Healthcare Provider (e.g., MD, DO, Psychologist, Licensed Clinical Social Worker, etc.)

Student Instructions (Sections 1 & 2):

1. Complete Section 1 of this form – an incomplete form will not be reviewed and will be returned to you for completion.
2. Sign the form in Section 2.
3. Deliver this form to your Healthcare Provider at least six weeks prior to your planned return to the College.

Note: Healthcare Provider must provide this form directly to the address below. It will not be accepted from the student.

Healthcare Provider Instructions (Sections 3, 4, & 5):

1. Complete Sections 3 and 4 of this form.
2. Sign the form in Section 5. Note: an unsigned form will not be accepted.
3. Return the form directly to the address listed below via mail, fax, or email within 4 weeks of the student’s planned return to the College.

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Section 1: Student Information (Please print):

Name: _____
 Last First Middle Goucher ID

Mailing Address: _____
 Street City State Zip code

Phone: _____ Email address: _____

.....
Section 2: Student Statement and signature:

I certify that the information provided above is true and correct.

Student’s signature: _____ Date: _____

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Section 3: Licensed Healthcare Provider Information

Name: _____
 Last First

License Number and State: _____ Email address _____

Licensed as: _____ Clinic/Hospital Name: _____

Mailing Address: _____
 Street City State Zip code

Phone: _____ Fax: _____

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Section 4: Licensed Health Care Provider Report (Please print):

Date of first treatment contact: _____ Date of most recent treatment contact: _____

Diagnosis is the student being treated (i.e., description) _____

Has the medical condition warranting the initial medical withdrawal been sufficiently managed?

Yes No

Please provide your professional judgement in response to the following questions regarding the above-named student.

1. Has there been a substantial improvement of the student's original medical/psychological condition?

Yes No

If yes, please check all the following that you have observed a marked reduction of in this student:

Number of symptoms Severity of symptoms Persistence of symptoms

Functional impairment Subjective level of client distress

Please provide Treatment Plan: _____

2. For how long has the improved condition been maintained?

3. What evidence has been demonstrated to suggest that the student has increased ability to manage academic life and live independently in the residence halls. Failure to provide details may result in delay to return to campus.

4. What responsibilities has the student maintained during their time away from the college that suggests they are ready to return to the rigors of academic (e.g., employment, volunteerism, etc.)

5. In your professional judgement, do you think the student can manage a full course load (12 or more credits, 9 credits for graduate student)?

Yes No Unsure

Please elaborate on your answer: _____

6. What are your recommendations for continued treatment?

7. Will the student have a health care provider in place in the Towson, Maryland area? Yes No

If yes, please identify the provider: _____

If no, who will provide treatment? _____

If no, please provide explanation: _____

Please provide details of established Crisis Plan/ Medical Emergency Plan:

8. Will the student have these recommendations in place at the time of potential return to campus?

Yes No

Please use the space provided if you wish to expand on your responses to the questions and/or record any other comments or observations you may wish to make regarding the student and his/her ability to function safely and successfully as a student at Goucher College here or include an attachment on letterhead:

.....
Section 5: Healthcare Provider's Signature:

Healthcare Provider's Signature: _____ Date _____

Return form to the Office of Vice President & Dean of Students Office

Office of Vice President & Dean of Students Office
Dorsey 203
Goucher College
1021 Dulaney Valley Road
Baltimore, MD 21204
Email: deanofstudents@goucher.edu | Fax: 410-337-6494