



Student Report for Medical Review or Return from Medical Leave

Student's Legal name: _____	Date Leave Taken: _____
Preferred Name: _____	Semester Planning to Return: _____
Preferred Pronouns: _____	School/College: _____
Date of Birth: _____	Undergrad/Grad: _____
BU ID #: _____	Grad students, month program begins: _____

This document is important in helping us to assess the progress of your recovery and your readiness to return successfully to your academic studies at Boston University.

Please take some time to think through your answers and attach additional sheets as needed.

1. What were the reasons for your Leave of Absence? Please include details (mental health, physical health, etc.)

2. What treatment have you engaged in during your time away? Please provide contact name and phone number/email address for all providers you have seen during your LOA (therapist, psychiatrist, nutritionist, PCP, etc.) Note: You will be required to give the Community Provider Form to your clinician(s) to be filled out as part of the Medical Clearance Process.

3. How has the above treatment contributed to your recovery process? How often have you been seeing your clinicians? What has been most helpful and how will it influence you as you return to BU?

