

**Boston University** Student Health Services  
881 Commonwealth Avenue  
Boston, Massachusetts 02215  
T 617-353-3569 F 617-353-1128  
www.bu.edu/shs



### Student Report for Medical Review or Return from Medical Leave

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
BU ID # \_\_\_\_\_ School/ College: \_\_\_\_\_  
Date leave taken: \_\_\_\_\_ Undergrad/Grad (circle)  
Semester Planning to Return: \_\_\_\_\_

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.

This document is to be completed by the student. 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.
2. Please describe how you have spent your time since taking the leave. Include employment, coursework, volunteer activities, etc. Tell us, in detail, what you have learned from each of these experiences.
3. What treatment have you engaged in during your time away, and how has it contributed to the recovery process? How often have you been seeing your clinicians? What sort of treatment approach? What has been most helpful and how will it influence you as you return to BU? (*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.*)

4. What kind of treatment do you propose for yourself when you are back at BU? Have you made efforts to identify clinicians for yourself outside of Student Health Services? If so, please include their names and contact information. Are they covered by your insurance plan? *(Please note: BU Student Health Services offers primarily short term care. If you anticipate that you will require longer term treatment, we are available to advise regarding resources in the community and assist with the referral process.)*
  
5. Tell us in your own words why you feel you are ready to return to Boston University:
  
  
  
  
  
  
  
  
  
  
6. Please indicate your plans for your successful return to Boston University. Include contact with your academic advisors, associate deans, whether you have finished any outstanding incompletes, etc.:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

For more detailed information, refer to LOA Instructions. Please contact our office to ensure all your documentation is submitted and be advised of next steps.

Please upload completed form to Boston University Student Health Services Patient Connect by attaching to a message to SHS-Help. If you need assistance, please call 617-353-3569.

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