

Readmission Medical Documentation Form

Student's Full Name: _____ **Date of Birth:** _____

If a student is applying or readmission after being granted a withdrawal for medical reasons, the following documentation must be completed and submitted by the student's medical provider. (Please do NOT submit the student's medical records.)

1. A description of the general nature and severity of the health issue that contributed to the student's previous inability to perform academically.

2. Date of last visit: _____

3. Has the condition resolved such that there is a reasonable expectation of the student now participating academically and socially/interpersonally with or without a reasonable accommodation in a part-time or full-time capacity? Please explain.

4. What are the student's current functional limitations?

5. If you believe accommodations are needed, please indicate your recommendations.

Name of Medical Provider

Signature of Medical Provider

Date: _____

Address : _____ Phone: _____