



# JHU Medical Leave of Absence Request Provider Form

## Instructions

This form must be completed by the student's licensed medical and/or medical health service provider. This form should be uploaded by the student when submitting the [University Leave Request Form](#).

## Provider Information

Provider name		Street Address Including City, State, and ZIP Code	
License Type		License #	
State of Licensure		Telephone	

## Student Information

Student name		Date of Birth	
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## Treatment Information

Date of First Contact		Date of Last Contact	
Total # of Contacts		Frequency of Contacts	
Medical Condition			
Type of Treatment (check all that apply)	<input type="checkbox"/> Medical <input type="checkbox"/> Psychological/Mental Health <input type="checkbox"/> Psychiatric <input type="checkbox"/> Substance Use <input type="checkbox"/> Other (specify)		
Impact of the condition(s) on student's academic and overall functioning			
Do you intend to continue treating this student while on a Medical Leave of Absence? If not, do you recommend that the student continue to be treated while on a Medical Leave of Absence? If so, what is the recommended type of treatment.			
Please provide your professional recommendations regarding treatment or care for the management of this student's condition(s), with a focus on what treatment and supports will help the student to transition back to enrolled student status.			

Signature

<i>Signature of the Person Submitting this Form</i>

Name

<i>Name of the Person Submitting this Form (print)</i>

Date of Signature

<i>MM</i>	<i>DD</i>	<i>YY</i>