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UHCS Forms

University Health and Counseling Services

March 01, 2012

Request from Re-entry from Medical Leave of Absence Form

University Health and Counseling Services, Northeastern University

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Request for Re-entry from Medical Leave of Absence (MLOA)

Name_____ ID_____

Date or Semester medical leave began _____

Desired returning semester's start date _____
(mm/dd/yy)

It is required to submit the following documentation upon request for re-entry to school:

1. A letter from your treating clinician(MD, DO, NP, PA or licensed mental health clinician) detailing your medical condition with diagnosis, compliance with stated treatment plan -- including medications if prescribed and reason return is recommended

2. Description of recommended follow-up care upon return to school.

3. Confirmation of an appointment date and time with a clinician outside of UHCS after re-entry-including clinician's name, address, and phone number.

I have read information regarding deadlines and implications of a MLOA on the UHCS website under the Access to Care tab and in the Student Handbook. I understand re-entry from MLOA will not go into effect until all information has been received, reviewed and approved by UHCS.

I understand that re-entry from a medical leave requires a completed request for re-entry form and clinical documentation supporting the re-entry to classes be faxed, sent, or delivered to UHCS on or around one month prior to the planned re-entry. Clinical documentation supporting the re-entry **must include** an appointment date with a clinician outside of UHCS after re-entry and be submitted with the request.

Signature _____ Date_____

Address _____

Phone _____ _____
(cell) (home)

Return this form to Medical Leave Coordinator, UHCS, 135 FR, NU, Boston, MA 02115
or, fax (617.373.2601). Phone: 617.373.2772 option #4.

March 21, 2012