

## Department of Student Health and Counseling

## Medical Leave of Absence, Health Care Provider Form

Instructions: This form is to be completed by the student's community health provider and be mailed to: Student Health and Counseling, Attention: Amy Gonzalez, 1 College Circle, Geneseo NY, 14454 or faxed to 585-245-5744.

Student name:	D.O.B:
Provider name:	License #:
Provider licensed as:	State of licensure:
ICD-10 diagnoses Related to Leave:	
Dates of treatment (first session and most recent):	
Planned treatments (e.g., surgery, hospitalizations, medications, rehabilitation):	
Other relevant clinical issues:	
Anticipated course of treatment and planned return to academics:	
Clinician signature:	Date:



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Health Services Phone: 585.245.5736 Fax: 585.245.5744 Counseling Services Phone: 585.245.5716 Fax: 585.245.5071 Addiction Counseling & Prevention Phone: 585.245.5716

Fax: 585.245.5071

Health Promotion Phone: 585.245.5747 Fax: 585.245.5744

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