

REQUIRED INFORMATION FROM MEDICAL PROFESSIONAL PHYSICIAN OR MEDICAL PROFESSIONAL'S LETTER

Medical provider documentation should be prepared on letterhead, typed, dated and bear the signature of the evaluator. Please make sure the documentation includes the name, title, contact information, and professional credentials of the evaluator, and information below regarding the reasons for the petition. Your provider needs to comment on the symptoms you had and the treatment you received during the semester of your medical withdrawal request. Medical withdrawals for psychiatric/mental health reasons are to come from a licensed mental health professional (i.e., a psychiatrist, mental health counselor, psychologist, licensed clinical social worker, or nurse practitioner with certification in the area).

To Medical Professional/Provider:

In order to consider a student for a Medical Withdrawal, a signed letter on your letterhead is needed. Please address all the following information in your letter. Please specify what your patient experienced during the time period associated with their medical withdrawal.

1. Patient's full name and identification (DOB)
2. Dates of onset of symptoms
3. Diagnosis and severity of patient's symptoms
4. Severity/impact of symptoms on his/her functioning (including his/her ability to function academically during the documented time) and the medical reason why the student could not finish the semester.
 - This is one of the most important pieces of information and will assist us in making decisions to grant a medical withdrawal.
5. Treatment received and dates of treatment.
6. If applicable, are there any concerns/history regarding the patient's safety/well-being and whether he/she is a danger to him/herself or others.
7. Recommendations for future treatment.
8. If this is a chronic illness or the result of injury, have the health limitations been resolved? For example, are there any concerns that the student could have a reoccurrence or exacerbation of the illness if he/she returns to classes?
9. Recommendations regarding your patient's return to school.
 - a. Do you recommend a reduced course load or is your patient ready to return to a full course load?
 - b. Do you recommend your patient to continue treatment when they return to school? What is the extent of that treatment?
 - c. Do you recommend any educational accommodations upon your patient's return?

You may fax the letter to the Office of the Dean of Students at (904) 620-3922. Please feel free to give us a call at (904) 620-1491 if you have any questions. Thank you for your assistance.

Respectfully,

Dr. Andrea Adams-Manning
Dean of Students