



EMORY

OXFORD
COLLEGE

Healthcare Provider Statement

*For Students Returning to Oxford College after In-Semester Hospitalization
or for Readmission after Medical Withdrawal or Medical Leave of Absence*

Notes to the Student

- 1) Students wishing to resume study after returning from an acute in-semester illness or hospitalization or after a full medical withdrawal or medical leave of absence must submit this form before they may return to campus and continue their studies. For those requesting readmission after medical withdrawal, a separate form needs to be filed for **each healthcare provider** who has directly been involved in your care—primary care physician, medical specialist, psychiatrist, psychologist, therapist, etc. The purpose of this form is for your healthcare provider to describe the treatment he or she has provided, your clinical status, and the healthcare provider’s opinion of your readiness to return.
- 2) If your provider recommends specific accommodations to aid your successful return to Oxford of Emory University, you must provide requested documentation to the Office of Accessibility Services in order to be evaluated to receive such accommodations, as per the Americans with Disabilities Act. Please contact oas.oxford@emory.edu to start the accommodations approval process. For those seeking readmission, please be in contact with OAS prior to submitting your application.
- 3) Students applying for readmission must submit this form with their full readmission dossier by October 15th for spring semester, and April 15th for summer classes on the Atlanta campus or for fall semester. Arrangements for campus housing, course registration, and other services will not be made until you are officially approved for readmission.

Student signature:

I _____ id. no. _____ authorize the provider named below to exchange information with officials at Oxford College of Emory University for the purpose of assessing my readiness to return to campus following an acute illness, hospitalization, or full withdrawal or medical leave of absences from Oxford College of Emory University. I also authorize officials at Oxford College of Emory University to discuss the information provided on this form and in any follow-up conversation with my healthcare provider (s) amongst themselves as part of the readmission process. Any information disclosed during this process will be kept confidential and only shared with those individuals who need to review the information in order to make a determination on readmission.

NOTE: You may need to sign a separate HIPAA release of information.

Instructions for the Healthcare Provider

The patient named below is a student who wishes to return to Oxford College after experiencing an acute health event during the course of a semester, or who is a student seeking readmission after a full medical withdrawal or medical leave of absence from the institution. All students returning from an acute illness, hospitalization, or medical withdrawal or medical leave of absence must provide documentation supporting their readiness to resume studies and be a successful member of the campus community, with or without accommodations. It is important to note that the College has

limited on-campus physical and mental health resources, and few resources exist in the surrounding rural community to continue treatment.

NOTE: This form is to be completed by certified providers who are currently or who have recently treated the patient/student.

Patient's/student's name: _____

Patient's/student's date of birth: (mm/dd/yy) _____

Provider/clinician's name: _____ **Tel no.** _____

Provider's professional credentials: _____

License #: _____ **state of licensure:** _____

Dates of treatment: (mm/dd/yy) _____ **to** _____

Frequency of treatment provided: _____

Date of most recent appointment with patient/student: (mm/dd/yy) _____

Please comment on patient's/student's current functioning (within the last 30 days). Please provide a diagnosis and describe specific progress made in treatment:

Is continued treatment recommended? Yes ____ No ____

If yes, please outline specific plans and arrangements made to provide on-going care, keeping in mind that Oxford College has limited physical and mental health resources on campus, and that few resources exist in the surrounding rural community to continue care (please note follow-up appointments and dates, medication review and prescription renewals, referrals to specialists and specialists' contact information, etc.):

Do you believe that the student is able to function safely and independently, **without supervision**, in a highly competitive, fully residential, college community, and to appropriately manage the numerous academic and social stressors that accompany such a setting? Yes ____ No ____

If *no*, please indicate specific concerns:

Students at Oxford College are required to enroll in a minimum 12-credit hour, full-time load. The average course load is 16 credit hours. In your opinion, is the student able to carry a 12-19 credit hour load?

Yes ____ No ____

If additional explanation is required, please provide that below:

If the student is approved to return to Oxford College, do you recommend specific accommodations to support their success? Yes ____ No ____

If *yes*, please state specific recommendations and medical/therapeutic rationale to support accommodations.

Additional comments (optional; attach additional pages as necessary):

My signature below indicates that I have answered the above questions completely and accurately and that they constitute my honest professional judgement.

Provider's signature: _____ **Date (mm/dd/yy)** _____

Please email, fax, or mail completed form to: oxadvising@emory.edu

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