

Medical Provider's Clearance to Return to Temple University

Your patient seeks to return to Temple University after withdrawing in a previous semester as a result of a medical condition. As the medical doctor, psychiatrist, psychologist, or other licensed medical practitioner treating the student for the condition necessitating a withdrawal from classes, please complete the form and return it to the student. The completed form is required for the student to be considered for active status at the University. **The student must sign and date this form before submission.** Thank you in advance for your assistance.

Student Name: _____ TUID: _____ Withdrawal Term: _____

1) Did **you** provide medical treatment for the student named above? YES NO

2) Nature of the medical condition: _____

Is this a chronic condition? YES NO

3) Date treatment started: _____ Date treatment concluded (if applicable): _____

4) Did the treatment require prolonged absence (e.g., hospitalization, recovery, etc.)? YES NO

If yes, how long? _____

5) At the present time, is the student/patient ready to **safely** participate in:(a) University classes as a full-time student? YES NO(b) University classes as a part-time student? YES NO

6a) If you answered 'NO' to question 5, please explain:

6b) If you answered 'YES' in question 5, does the student require special accommodation or assistance:

A. Counseling services YES NO UNSURE Tuttleman Counseling Services (TCS) : 215-204-7276B. Disability resource services YES NO UNSURE Disability Resource Center (DRS): 215-204-1280C. Excuse from physical activities YES NO UNSURED. Other course scheduling or participation accommodations (leave blank if unsure):

_____Your role in the treatment of this student/patient: Medical doctor Psychiatrist Psychologist Other _____

Print your full name clearly: _____ Phone: _____

License number: _____ State: _____ Country: _____

Address: _____

Signature: _____ Today's date: _____

Student acknowledgement: By signing below, I certify that I understand my doctor's recommendation. If I need accommodation, I should address my request to Disability Resources and Services (phone: 215-204-1280).

Student signature: _____ Signature date: _____

PLEASE DO NOT SUBMIT MEDICAL DOCUMENTS.