RETURN FROM APPROVED MEDICAL LEAVE

The Griff Center for Academic Engagement would like to welcome you back to your studies at Canisius College. As you prepare to return to campus, carefully review this packet. If you have any questions, please contact the Griff Center for Academic Engagement at 716-888-2170.

In order to return from a sanctioned medical leave, the student must be in direct contact with the Griff Center for Academic Engagement regarding re-entry. The student will need to provide the Griff Center for Academic Engagement with an appropriate written statement from a licensed medical health/mental health professional. When applicable, this statement should also include any recommendations for continued treatment once the student returns to the College as well as any needed academic restrictions and/or accommodations. In addition, the student must also provide a personal written statement as well as complete the application to return from medical leave.

When a request to return is granted, the student will be notified via e-mail of the approval and any conditions set forth by the committee. The medical hold will be lifted and the student will also be given contact information for an academic advisor or administrator to assist with registration.

REQUIRED DOCUMENTS TO APPLY FOR RE-ENTRY:

- Application to Return from Medical Leave (enclosed) - completed by student.
- A personal statement including the following information:
  A) the circumstances that led to your medical leave of absence
  B) the program of recovery, care or treatment that indicates that you are ready to return to Canisius
  C) the specific behaviors and actions you plan to undertake to ameliorate the conditions that led to your medical leave of absence.
- Medical Leave Re-Entry Assessment (enclosed) - completed by a licensed health professional or a licensed mental health professional. This professional needs to provide documentation that confirms the student sought, received, and is cooperating with treatment as well as experiencing a remission of symptoms and is capable of meeting the challenges of academic life including campus community life without further risk to their or other’s health, safety and general welfare.
DEADLINES FOR APPLICATIONS TO RETURN (ALL MATERIALS)

- For consideration for the fall semester – August 1
- For consideration for the spring semester – December 1
- For consideration for the summer semester – May 1

Please note that while these dates are in place, the committee will review all applications at the time they are handed in. If the committee deems that the student may return and the appropriate supports are in place after the return deadline has passed, that student may be allowed to return.

RESIDENT STUDENTS: If you wish to live on campus or return to campus please indicate on the Application for Returning from Medical Leave form. If your return is approved the committee will notify Student Life. It is the student's responsibility to then contact the Student Life office to discuss availability and assignments.
**Application for Returning from Medical Leave**

When a student wishes to return to Canisius College following an approved medical leave of absence a committee will review medical documentation supporting the student’s return to class and a personal statement written by the student. The committee may request additional information or clarification prior to reinstatement.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Canisius ID #</th>
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<tbody>
<tr>
<td>Semester and year you entered Canisius:</td>
<td>Semester and year of Departure:</td>
<td></td>
</tr>
<tr>
<td>Class (please circle)</td>
<td>Major:</td>
<td></td>
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<tr>
<td>FR</td>
<td>SO</td>
<td>JR</td>
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<tr>
<td>Cell #</td>
<td></td>
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<tr>
<td>Street Address</td>
<td>City, State, Zip</td>
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I am applying to return to Canisius for the following semester: [ ] Fall [ ] Spring [ ] Summer

Where will you be living? [ ] on campus [ ] at home [ ] independently

In addition to this form, your application to return must contain:

1. A personal statement including the following information:
   - A) the circumstances that led to your medical leave of absence
   - B) the program of recovery that indicates that you are ready to return to Canisius
   - C) the specific behaviors and actions you plan to undertake to ameliorate the conditions that led to your medical leave of absence.

2. Medical Leave Re-Entry Assessment completed by a licensed health professional or a licensed mental health professional that confirms the student sought and received treatment and is capable of meeting the challenges of academic life without further risk to his/her or others’ welfare.

**Semester Deadlines**

- For consideration for the fall semester – August 1
- For consideration for the spring semester – December 1
- For consideration for the summer semester – May 1

**Committee Recommends**

- [ ] Additional Information Due by:__________________________
- [ ] Approved. Date ____________________________
- [ ] Update medical documents by ____________________________ (date)
- [ ] Full time [ ] Part time [ ] Counseling
- [ ] Mentor:________________
- [ ] Other:________________

Conditions:__________________________________________

Signature:__________________________________________

**Materials Checklist**

- [ ] Personal Statement
- [ ] Medical Documentation
- [ ] Other:________________

**For Office use only:**

Old Main 013, Buffalo, NY 14208, faxed to 716-888-3212 or emailed to callagh2@canisius.edu.
If you have questions please contact 716-888-2170 10/16
Medical Leave Re-entry Assessment  
(Please note that this Assessment has two pages)

This student has taken a medical leave of absence from Canisius College and has applied to return. They have requested that you complete this form in support of readmission. Information provided will be reviewed by a medical leave committee. The goal of the review is to ensure that this student can safely and effectively return to campus and progress in their academic endeavors. The committee also reviews this information with the goal of providing additional support services on and off campus for continued student success. All information remains confidential and is subject to federal educational records regulation (FERPA).

Student Name: 

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Canisius ID</th>
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Treating Healthcare Provider's Name and credentials:

<table>
<thead>
<tr>
<th>Name</th>
<th>Licensed as</th>
<th>License #</th>
<th>State of Licensure</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Street</th>
<th>State</th>
<th>Zip</th>
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<table>
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<tr>
<th>Phone</th>
<th>Office Number</th>
<th>Fax Number</th>
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Reason student sought your services:

Date of 1st visit: __/__/__  Date of last visit: __/__/__  Next appt.: __/__/__  Frequency of visits: ____________________________

Has the student kept all follow up appointments with you?  
[ ] Yes  [ ] No

Diagnosis: _______________________________________________________

Other co-morbid conditions: ______________________________________

Are these conditions noted above recurrent conditions?  
[ ] Yes  [ ] No

Are the student’s symptoms in remission?  
[ ] Yes  [ ] No

Duration of symptom remission: __________________________________

Was the student hospitalized during the medical leave period?  
[ ] Yes  [ ] No

<table>
<thead>
<tr>
<th>Hospital name</th>
<th>Hospital address</th>
<th>Reason for hospitalization</th>
<th>Dates of hospitalization: <strong>/</strong>/__ to <strong>/</strong>/__</th>
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</table>

Surgical/diagnostic procedures performed, if appropriate. ___________________________  Date: __/__/__

List all current medications:

<table>
<thead>
<tr>
<th>Do you recommend that this client remain on medication?</th>
<th>[ ] Yes  [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you recommend that this client remain on medication?</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Has the student been compliant with medications prescribed?</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Can this student independently follow his/her medication regimen?</td>
<td>[ ] Yes  [ ] No</td>
</tr>
</tbody>
</table>

Specify all current therapies such as counseling, physical therapy etc.: ____________________________

______________________________________________________________

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(Medical Leave Re-entry Assessment Continued)

List all other health care providers working with this student: ______________________________________

________________________________________

Have you regularly collaborated with other health care providers who are also treating this student to determine student’s progress? [ ] Yes [ ] No

Has this student been compliant with prescribed treatment(s)? [ ] Yes [ ] No

After caring for this student during the medical leave, in your medical opinion, does this student have adequate insight into his/her illness, commitment to recovery and the ability to independently carry out all your treatment recommendations including medication compliance and follow up visits when back at school. [ ] Yes [ ] No

List any obstacles you have identified in this student’s recovery __________________________________________________________

Please provide an overall medical impression of this student’s symptom remission, recovery and risk for relapse.___________________________________________________________________________

___________________________________________________________________________

Based on your medical judgment, does this student currently demonstrate the ability to:

- function safely, effectively and successfully in a demanding and highly participatory college community environment? [ ] Yes [ ] No
- manage the condition for which he/she is being treated such that academic success may be achievable? [ ] Yes [ ] No

What type of enrollment would best suite this student?

- Full-time (4-5 class; 12-15 credit hrs.) [ ] Yes [ ] No
- Part-time (1-3 class; 3-9 credit hrs.) [ ] Yes [ ] No

Will you continue to be involved in the treatment of this student upon his/her return to Canisius College? [ ] Yes [ ] No

What specific arrangements have been made by you and the student for continued treatment, medical care, and monitoring, etc. while at Canisius. ________________________________________________________________

If this student returns, what are your recommendations for additional on campus support for the student

- Campus Counseling: confidential personal and group counseling
- Student Health Center: wellness, care and treatment of acute episodic illnesses/injuries and referrals to community providers for ongoing medical management for chronic or recurrent health conditions.
- Accessibility Support: academic, personal support and disability accommodations
- Academic Tutoring: peer and professional tutoring for nearly all academic areas
- Academic Mentoring: academic support and guidance specific to student’s individualized needs
- Griff Center: advisement, career and major exploration counseling, support and guidance in most areas for students & parents

Please note other important observations, recommendation, or comments: ________________________________________________________________

_____________________________________________________________________________________________________________

Signature of Health Care Provider ___________________________ Date __________/________/________

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