

Licensed Provider Recommendation for Return to Campus (Medical Clearance)

Part I: Provider Information: Please complete all information required.

Provider Name: _____ Practice Phone: _____

Practice Address: _____

Provider Credentials (please select):

MD/DO, Specialty: _____

Nurse Practitioner, Specialty: _____

Mental Health Professional, please specify: _____

NPI#: _____ License Number: _____ State of Issue: _____

Part II: Student Information

Patient's Full Name: _____

Patient's Date of Birth: _____ Patient's CWID (if known): _____

Part III: Clinical History: Please complete all information required in detail. Additional information may be provided on your office letterhead.

Patient's Diagnoses with ICD-10 and/or DSM codes (attach additional sheets if needed):

Describe how the condition(s) has/have resolved or stabilized so that it is not likely to interfere with the patient's academic performance, safety or wellbeing upon return to The University of Alabama: _____

Provide the date of resolution or stabilization to a level no longer interfering with the patient's academic performance, safety or wellbeing upon return to The University of Alabama: _____

Please provide the date(s) the patient was under your care for these diagnoses: _____, _____, _____

If ongoing care is needed to maintain resolution or stabilization of the patient's condition, describe the plan of care, including medication, ongoing therapy and follow up. _____

Part IV: Certification Statement

With my signature below, I provide my recommendation for the patient's return to campus for the _____ term or semester, 20____, at The University of Alabama. The patient has given me permission to share the foregoing information with University of Alabama officials and discuss their medical information with a physician at the Student Health Center if needed.

Signature: _____ Stamp: _____ Date: _____