

## Request for Re-entry from Medical Leave of Absence (MLOA)

Name \_\_\_\_\_ ID \_\_\_\_\_

Date or Semester medical leave began \_\_\_\_\_

Desired returning semester's start date \_\_\_\_\_  
(mm/dd/yy)

**It is required to submit the following documentation upon request for re-entry to school:**

1. A letter from your treating clinician(MD, DO, NP, PA or licensed mental health clinician) detailing your medical condition with diagnosis, compliance with stated treatment plan -- including medications if prescribed and reason return is recommended
2. Description of recommended follow-up care upon return to school.
3. Confirmation of an appointment date and time with a clinician outside of UHCS after re-entry-including clinician's name, address, and phone number.

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I have read information regarding deadlines and implications of a MLOA on the UHCS website under the Access to Care tab and in the Student Handbook. I understand re-entry from MLOA will not go into effect until all information has been received, reviewed and approved by UHCS.

I understand that re-entry from a medical leave requires a completed request for re-entry form and clinical documentation supporting the re-entry to classes be faxed, sent, or delivered to UHCS on or around one month prior to the planned re-entry. Clinical documentation supporting the re-entry **must include** an appointment date with a clinician outside of UHCS after re-entry and be submitted with the request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_  
(cell) \_\_\_\_\_ (home) \_\_\_\_\_

Return this form to Medical Leave Coordinator, UHCS, 135 FR, NU, Boston, MA 02115 or, fax (617.373.2601). Phone: 617.373.2772 option #4.