

OBERLIN COLLEGE & CONSERVATORY

Healthcare Provider Assessment and Recommendations

Regarding Student's Potential **Return from Medical Leave of Absence**

Student Name (printed):

Provider Information:

Provider's Name (printed)

Provider's Contact Information (or submit business card or letterhead accompanying this form)

Provider's Profession

Healthcare License Type:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Provider's License Number

State of Provider's Healthcare License

<input type="text"/>	<input type="text"/>
----------------------	----------------------

HEALTHCARE PROVIDER ASSESSMENT & RECOMMENDATIONS

Date of most recent assessment:

For what period of time have you treated the patient for the condition(s) assessed? (*start and end dates, and number or frequency of visits*):

Diagnosis, Treatment and Current (or most recent) Assessment: What health condition(s) have been assessed? What treatment has been provided, and what is the current (or most recent) status of the patient's health and management of their medical condition(s)?

Independent Living: Given that symptoms previously were described as preventing the student from being able to manage the requirements of living and studying at Oberlin, please describe your assessment of the student's current readiness to return to an independent living situation. How well-prepared is the student for independently managing their health and participating in a peer community (without undue burden or disruption to peers)? A student must be prepared to independently initiate and actively engage in further treatment (if and when that is needed). On-campus resources exist to help students problem-solve and connect to care if they request such help, but staff will be unable to monitor a student on an ongoing basis, nor force unwilling participation by an adult student in care or support services, with the exception of addressing safety issues and disruption to the community, when these come to our attention.

Academics: Given that symptoms previously were described as preventing the student from being able to manage the requirements of living and studying at Oberlin, please describe the student's current readiness (in terms of symptoms and management of their health) to resume their academic courseload at a rigorous residential liberal arts college and/or conservatory of music?

Do you support the student's plan to return to school next semester based on their current health status and management of their care?

Yes

No

Have you and the student discussed a plan to maintain their health and/or management of health conditions once the patient returns to school?

Yes

No

Student's Engagement in Treatment:

Please describe the student's engagement with treatment planning, treatment and the management of their condition(s), including insight, as applicable:.

Recommendations for Next Semester:

What are your recommendations to the student for managing their overall health, clinical care, academic responsibilities and independent living upon return to school?

Further Information:

Please share any further information here that could be relevant to considering this student's application to return from medical leave and/or to support the student upon returning to Oberlin.

Information Sharing, Privacy and Student's Authorization:

In order to facilitate and support the student's successful return to enrollment, it is important that the treating health care provider and the appropriate Oberlin administrators be able to share information regarding the student's status and medical condition. Medical information received by Oberlin College will be maintained confidentially with the Office of Student Health and Counseling Center.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, **we are asking treating health care providers not to provide any genetic information** when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

For your reference, students applying to return from medical leave will have agreed to the following in their application, in addition to any release of information filed with you:

-The student authorizes the treating health care providers to provide medical information in support of their application to return to enrollment to Oberlin College. They understand that this information will be sent directly to Oberlin College Student Health, 247 West Lorain Street, Suite A, Oberlin, OH 44074 or faxed to 440-775-8868. The student also authorizes their treating health care provider to speak directly with the Director of Student Health and the Counseling Center or his/her designee for the purpose of assessing the student's readiness to return to enrollment.

-The student authorizes the Oberlin College Medical Leave Coordinator, the Director of Student Health and Counseling Center, and their designees to share educational record information with the treating health care provider for the purpose of assessing the student's readiness to return to enrollment.

-The student authorizes the Director of the Student Health and the Counseling Center or his/her designee to share information with Oberlin College administrators with a need to know, such as the Medical Leave Coordinator, with their recommendation regarding the student's readiness for return to enrollment based on a review of confidential medical information received.

Provider's signature page:

Are you a relative of this student? Yes _____ No _____

Thank you for providing your professional opinion regarding this student's plan to return to school. Please sign below:

Provider's Printed Name

Provider's Signature

Date

In order to complete the signature, you are welcome to do one of the following:

- A) print, sign and send that signed copy (on paper or by scanning your signed copy)
- B) paste a scanned or photographed image of your signature into the PDF,

OR

- C) to utilize Adobe's electronic signature feature.

This form must be submitted by the healthcare provider directly to:

John Harshbarger, PhD, Director of Student Health and the Counseling Center
Oberlin College Counseling Center
247 West Lorain St, Suite D
Oberlin, OH 44074
Fax Number: (440) 775-8868

For questions about medical documentation or to consult, please contact Dr. Harshbarger at 440-775-8470 or by email at John.Harshbarger@oberlin.edu. Please include a phone number in messages in case there may be sensitive information to communicate which could be inappropriate for email.