

OBERLIN COLLEGE & CONSERVATORY

Student's section of

Application to **Return from Medical Leave of Absence**

Part 1: General Information

Student Name (*printed*):

Student T#:

Pronouns (*if you wish to share*):

Cell Phone #

Cell Provider (for email
to text message service)

Semester you are requesting to resume your studies on campus (select one and add year):

Fall Semester _____ OR Spring Semester _____, 20 _____ (year)

Part 2: Healthcare and Wellness Planning

Have you and your healthcare provider(s) discussed a plan to maintain your health and/
or management of health conditions once you return to school?

Yes

No

Have you and your healthcare provider(s) come to an agreement about your return and what
you will need when you are back at Oberlin?

Yes

No

If you and your healthcare provider(s) are not in agreement, please explain:

Please select the applicable statement(s) below regarding your planning for working with healthcare providers in Oberlin/Northeast Ohio*, for your continued healthcare:

- I haven't started looking into options for local providers
- I have identified potential providers but have not yet contacted any
- I have identified and contacted potential providers
- I have a plan in place to work with local healthcare providers
- My current providers and I do not anticipate any need for local providers in Ohio

*Note: even if you are planning on continuing treatment with healthcare providers at home (in person on breaks and/or via distance technology), it is often helpful to identify a possible local provider as a backup, in case something comes up that makes it preferable to have one or more in-person healthcare visits in the Oberlin area. Please consider discussing this possibility with your providers from your home area, if applicable.

Would you like to speak with someone from Student Health, the Counseling Center, and/or a SHARE advisor for assistance as you plan for healthcare in Oberlin? (The phone numbers are included in case you want to reach out before submitting this application, or for your reference at any point).

Student Health (440-775-8180)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Counseling Center (440-775-8470)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SHARE Advisors (440-775-8462*)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*SHARE Advisors are in multiple offices, but the program is coordinated through the Office of the Dean of Students

We encourage all students to consider utilizing a wide range of practices and resources (in addition to clinical healthcare) to enhance or maintain wellness when on campus. In order to help us best advise and support you, please share your thoughts about what wellness practices and resources you might find helpful in your first semester back in Oberlin (E.g. physical activity/exercise, specific dietary practices, meditation, rest and sleep habits, balancing social time and alone time, etc...)

Part 3: Planning for Academics, Student Life and Campus Resources

Would you be interested in participating in a support group for students who have returned from medical leave, facilitated by staff from the Center for Student Success and/or the Counseling Center?

Yes _____

No _____

Possibly-Please tell me more about it _____

What campus resources could be beneficial when you return and as you are getting ready to return?

- Academic Advising Resource Center (AARC)/Registrar
- Academic Advisor(s)
- SHARE (Student Help And Resource Exchange) Advisor

Center for Student Success (118 Peters Hall), including the following resources:

- Courses in the LEAD (Learning Enhancement Across the Disciplines) Program
- Disability Resources – accommodations, advising and other support
- Peer tutoring (Student Academic Success Programs)
- Success advising – learning strategies, time management, etc... (SAS programs)
- Conservatory Associate Deans (for Conservatory and double-degree students)
- Office of Financial Aid
- Office of Residential Education

Office of Student Accounts

Please share any additional resources, offices and/or mentors that you plan to work with to make the best of the coming semester:

Please share any additional information you would like us to know for consideration of your application to return from medical leave and/or to support you upon your return to Oberlin:

In order to complete the signature below, 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.

Student Name (printed)

Student Signature (blue or black ink or electronically)

Date

PLEASE NOTE FOUR REMAINING STEPS TO COMPLETE THIS PROCESS

1) *Your application is not complete until the **Healthcare Provider Assessment & Recommendations** for Return from Medical Leave form is received by the Director of Student Health and the Counseling Center directly from your healthcare provider at Oberlin College Student Health: 247 W Lorain St, Suite A, Oberlin, OH 44074, or faxed to 440-775-8868*

Please direct medical document questions to Dr. John Harshbarger, 440-775-8470, John.Harshbarger@oberlin.edu

2) *In addition to the Medical Leave return application process, you also will need to submit the **Registrar's Reinstatement Application** if you have not done so already. The form can be obtained through the website of the Academic Advising Resource Center, (440-775-8450 / aarc@oberlin.edu) and should be accessible from this link: https://www.oberlin.edu/sites/default/files/content/office/AARC/documents/reinstatement_application.pdf*

3) *PLEASE CONTINUE TO NEXT PAGE TO REVIEW AND SIGN **AUTHORIZATION TO SHARE INFORMATION NEEDED FOR YOUR APPLICATION***

4) Please submit all 6 pages of this **Student Application to Return from Medical Leave** to: Medical Leave Coordinator, C/O Office of the Dean of Students, Wilder Hall, room 105, 135 W Lorain Street, Oberlin, OH 44074, by mail, fax (440-775-6848), or by email (medleave@oberlin.edu). If you need to reach us by phone, call 440-775-8462

Don't forget to sign BOTH pages 5 and 6!

Part 5 Student Authorization to Share Information

In order to facilitate and support your successful return to enrollment, it is important that your treating health care provider and the appropriate Oberlin administrators be able to share information regarding your student 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 that your treating health care provider not 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.

Please review, initial to indicate your understanding of each paragraph and sign below.

_____ I authorize my treating health care providers to provide medical information in support of my application to return to enrollment to Oberlin College. I understand that this information will be sent directly to Oberlin College Counseling Center, 247 West Lorain Street, Suite D, Oberlin, OH 44074 or faxed to 440-775-8868. I also authorize my 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 my readiness to return to enrollment.

_____ I authorize the Oberlin College Medical Leave Coordinator, the Director of Student Health and the Counseling Center, and their designees to share educational record information with my treating health care provider for the purpose of assessing my readiness to return to enrollment.

_____ I authorize 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 my readiness for return to enrollment based on a review of confidential medical information received.

Student Name (printed) _____

Student Signature _____

Date _____

Don't forget to sign BOTH pages 5 and 6!

We appreciate your interest in returning and will process your application as soon as possible. If you have questions or would like to confirm receipt of the student part of the application, please contact the Office of the Dean of Students (440-775-8462). Please keep in mind that without your permission Medical Leave Coordinator and SHARE Advisors cannot share any information about your application with a parent. Please speak with a SHARE Advisor or the Medical Leave Coordinator if you'd like to release that FERPA-protected information to your parents.

If you'd like to confirm that your medical information has been received, please contact Student Health/the Counseling Center directly (440-775-8470). THANK YOU!