



(507) 222-4080 ■ (507) 222-5038 [fax]
shac@carleton.edu ■ go.carleton.edu/shac

RETURN FROM MEDICAL LEAVE MEDICAL UPDATE FROM PROVIDER

Student: _____

Name of Provider(s):

Address:

Phone:

Fax:

Email:

Please return completed form to
Student Health and Counseling
at Carleton College:
Fax: 507-222-5038
Email: shac@carleton.edu
Mail: One North College Street
Northfield, MN 55057

Date(s) of care:

What was the initial diagnosis or health problem?

What changes have occurred that will enable the student to return successfully to Carleton?

Please list all current medications/therapies:

What will the student need to manage this health situation once returned to Carleton?

(For example: medication, appointments off campus, reduced academic load, support from Academic Support Center, Disability Services, Dean of Students, Student Health and Counseling, etc.)

Will the student follow up with you or other healthcare providers while at Carleton or when the student returns home for breaks? If so, how can we best collaborate in this patient's care?

Do you support the decision of this student to return to campus?

Yes _____ No _____

Signature of Provider

Date