



Cornell University

Health Leaves Coordinator
Student Disability Services
Cornell Health, Ho Plaza
Ithaca, NY 14853
Phone: 607.255.8745
Fax: 607.255.1562
Email: healthleaves@cornell.edu

FITNESS TO RETURN FROM HEALTH LEAVE OF ABSENCE PROVIDER DOCUMENTATION FORM

Please send completed form to the Health Leaves Coordinator via fax, mail, or email. See contact information in letterhead.

Student Name: _____ Cornell NetID: _____

Provider Name and Title: _____

Provider Phone: _____ Email: _____

Provider Address: _____

City: _____ State: _____ Zip: _____

1. Have you reviewed the reason for the leave of absence that was indicated on the Reason for a Health Leave of Absence Form? Yes No
2. Does the student demonstrate improved management of the condition(s) that precipitated the Health Leave of Absence? Yes No

Please provide any necessary details below:

3. Briefly describe the nature and duration of the treatment you provided.

4. What specific indicators support your assessment that the student is able to resume their studies at Cornell University at this time?

5. Do you have any concerns about the student's fitness to return to Cornell at this time?

Yes No

Please provide any necessary details below:

6. Will the student need ongoing treatment, support, or accommodations upon return to Cornell?

Yes No

If yes, please describe your recommendations:

Provider Signature: _____ Date: _____