



Cornell University

**Health Leaves Coordinator**  
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## FITNESS TO RETURN FROM HEALTH LEAVE OF ABSENCE PERSONAL STATEMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cornell NetID: \_\_\_\_\_ Semester/year of return: \_\_\_\_\_

The Health Leaves Coordinator will send you the Reason for Health Leave of Absence documentation that was provided when you took the leave. In your responses to the questions below, please address all of the disability or physical/mental health reasons for your health leave, and use specific information and examples that demonstrate changes in your ability to manage your health and participate meaningfully in your educational activities at Cornell. The Health Leaves Coordinator may request additional information or documentation in support of your return from HLOA.

1. Describe your previous experience at Cornell, including the circumstances that precipitated your decision to take a Health Leave of Absence.
2. Describe what you have been doing during your time away. Please include information about any treatment you received, as well as other steps you have taken to manage your disability or physical/mental health.
3. Did you follow the recommended course of treatment or plans that were indicated on the Reason for Health Leave of Absence form? If not, please describe any barriers you encountered.
4. Explain how your management of your disability or physical/mental health has improved since you took the health leave. Include specific indicators that demonstrate changes have occurred.
5. Given the rigors and challenges of the academic and social environment at Cornell, explain why you feel fit to resume your education at this time. Include examples of opportunities that you have had to assess your readiness to return to the Cornell environment (e.g. taking classes, working, volunteering, managing other responsibilities, etc.)
6. What ongoing support or care will you need when you return to Cornell? (*The Health Leaves Coordinator can help you identify relevant campus resources to support your return.*)