

**Elizabethtown College
Medical Withdrawal Re-Entry Documentation Form**

During a Medical Withdrawal, the College expects the student to participate in professional health care treatment with a licensed health or mental health provider to resolve or manage the concerns that lead to the withdrawal. This form is to be completed by the licensed health or mental health provider who treated the student. If more space is needed to answer the questions, the medical provider may provide responses on professional letterhead and attach to this form. This information is used to help determine if the student can function safely in the college environment and to assess if the student is connected with appropriate support resources.

Student's Name: _____

1) Dates and Description of Treatment: _____

2) Recommendations for Continued Treatment: _____

3) Do you assess the student as currently, or in the reasonably foreseeable future, being a safety threat to others? Yes No

Comment: _____

4) Can the student safely return to unsupervised living in a residential setting which requires contact and cooperation with others? Yes No

Comment: _____

Provider Name (printed) _____

Signature & Title/Position _____ Date _____

Address _____ Phone: _____

**Return form to:
Director of Counseling and Health Needs
216 Baugher Student Center
Elizabethtown College
One Alpha Drive
Elizabethtown, PA 17022
Phone: 717-361-1405
Fax: 717-361-4776**