

MIDDLEBURY COLLEGE MEDICAL RETURN FORM

For use when petitioning to return to a Middlebury academic program after a leave with the medical return process as a condition.

Student Instructions: Complete the student section then give this entire document to your treating health care provider(s). This form should be submitted as many times as necessary for your treatment team to be sufficiently represented. If you are concerned that you and/or your provider(s) may not be able to complete the Medical Return Form and submit it by the deadline in your leave letter, contact the Center for Health and Wellness (chw@middlebury.edu) at least two weeks before your deadline to explore potential alternative or supplemental options. Once your Medical Return Form(s) are received, Center for Health and Wellness will request to meet with you to discuss your submission and explore continuity of care planning.

Provider Instructions: The student named on the following page is applying to return to a Middlebury College program following a leave of absence. When requesting their leave they identified goals, challenges, or needs related to their health that they sought to address during their time away. The information you provide will be used to help Middlebury's Center for Health and Wellness understand the student's readiness to return and create a supportive continuity of care plan with the student.

This document will be added to the student's electronic health record and remain confidential; it will not be included in the student's academic record. We do not require this form to be completed by a physician or supervising clinician. In the event a nurse, social worker, case manager, or other direct-service provider has provided more consistent care and planning, they should complete the form. **If more convenient, form questions can be answered on your letterhead, or you may send the student's 3-5 most recent treatment notes as an alternative to the form.**

Medical Return Forms and any accompanying records must be sent directly from providers to Middlebury's Center for Health and Wellness via fax (preferred), mail or email. Forms submitted by students will not be accepted. Campus clinicians will follow up via the contact information you provide if needed.

Fax: 802-443-2066 (preferred)

Attn: Medical Return Form
Middlebury College Center for Health and Wellness
Centeno House
136 South Main Street
Middlebury, VT 05753

chw@middlebury.edu (this email is not confidential, but may be used if a student consents)

TO BE COMPLETED BY THE STUDENT

Student Name:

Date of Birth:

Student ID #:

Semester you wish to return: Fall Spring Year:

Program for which you would like to return:

Authorization to Release Information

I authorize staff at the Center for Health and Wellness at Middlebury College to exchange information and communicate with

Provider name:

Provider phone:

Provider address:

This authorization is for the purpose of assisting in the evaluation of my readiness to return to the Middlebury program listed above, and for the coordination of my on-going care. I also authorize the staff at the Center for Health and Wellness to assess and summarize my medical readiness for readmission to the appropriate Middlebury officials.

The circumstances regarding my leave of absence were related to my health in the following way(s):

I have determined that I am ready to return to my Middlebury program based on the following evidence and experiences:

The supports, strategies, and strengths I will engage to have a successful return include:

The requirements for return listed in my leave of absence confirmation letter are:

Student's Signature:

Date:

MIDDLEBURY COLLEGE EXPECTATIONS AND RESOURCES

Middlebury's model of immersive learning is grounded in full-time, residential, in-person academic study. Our curricula are designed in such a way that all students carry a similar course load, rigorously engage a field of study, and make continuous, dedicated progress toward the degree and/or program completion (in accordance with Middlebury's academic policies and expectations).

Students should matriculate to Middlebury able to manage competing obligations, and complete work in a timely fashion or be committed to gaining these skills in their first year at Middlebury. By virtue of their enrollment, students assume responsibility for engaging fully and primarily in their academic pursuits, not only by attending classes and participating, but also by complying with all academic policies. Students are required to meet Middlebury College and course deadlines to ensure that they progress successfully toward the completion of their program requirements.

Middlebury provides short-term, general medical and mental healthcare to students. While we provide comprehensive care tailored for Middlebury students' needs, there are limits to the scope of our services and resources that students should be aware of. Some examples of health care needs that may be outside our scope include, but are not limited to:

- Students consistently need services more than once a week or after-hours, or whose situation cannot be stabilized with short-term crisis intervention
- Situations where the recommended level of care is for an intensive outpatient program, partial hospitalization, inpatient, or residential programs, which are incompatible with Middlebury's enrollment requirements
- Students who are unable to safely possess and/or administer medications independently
- Recent or multiple hospitalizations
- Chronic thoughts of suicide or history of repeated suicide attempts
- Diagnosis or assessed clinical needs that require regular long-term treatment and intervention
- Evidence or risk of progressive deterioration in mental or emotional functioning that requires intensive intervention
- Students who are unable to partner in their own healthcare, including utilizing established safety plans and/or engaging with recommended care within and outside of the Center
- Specialized treatment not within the scope of our providers

Center for Health and Wellness staff can make referrals to specialists and intensive care options when indicated, but we cannot guarantee appointment availability, treatment, placement or admittance into any hospitals or programs in Vermont or out of state.

TO BE COMPLETED BY THE CLINICIAN

With the information provided above regarding the circumstance of the need for a leave of absence, the current requirements to return, and Middlebury's expectations and resources, please provide information on the subsequent pages that will help the clinical staff at the Center for Health and Wellness assess the student's current ability to participate safely and effectively in the academic, residential, and other components of Middlebury programs.

Clinician Name completing this form:

Address:

Phone:

Fax:

Licensed as:

License #:

State:

Summary of student's presenting concerns/initial diagnosis:

Summary of treatment provided:

Date of first encounter:

Date of most recent encounter:

Total number of encounters:

If applicable, please describe what medication considerations or changes occurred while the student was in your care and what are current medications and dosages:

What is your assessment of the student's capacity to independently carry out activities of daily living as a full-time residential student including, but not limited to, substantial self-care activities, meeting deadlines, and seeking appropriate supports and resources?

Student can independently carry out activities of daily living

Student has challenges with activities of daily living and possesses skills to mitigate the effects on daily functioning

Student has challenges with activities of daily living and requires some assistance to develop and/or employ skills to mitigate the effects on daily functioning

Student has challenges with activities of daily living and requires significant assistance to develop and/or employ skills to mitigate the effects on daily functioning

Student is unable or unwilling to independently carry out activities of daily living

If you indicated that the student requires assistance or is unwilling/unable to complete activities of daily living, please explain below, including any recommendations to address concerns:

What is your assessment of the student's ability to keep themselves safe? This could include suicidal ideation, self-harm, limits to mobility or cognition, or demonstrated engagement in risky behaviors that may affect their overall personal safety.

No known risk factors

History of risk factors but student consistently and independently demonstrates skill utilization to manage risks

History of and/or current risk factors and student needs support in managing skills and behaviors to manage risks

Current, significantly demonstrated risk and student is not able to effectively engage with supports on a consistent basis to keep themselves safe, needs a significant amount of support, and/or needs to be regularly monitored to maintain their own safety

If you have indicated that the student requires support or that there are current, serious risks (third and fourth checkbox), please explain below, including any recommendations on mitigating such concerns:

What is your assessment of the student's ability to impact the safety of others? This could include making threats and/or causing harm to other's physical or emotional wellbeing and/or demonstrating behavior that is cause for concern for the safety and wellbeing of others.

There are no concerns about the student as it pertains to the safety of others

History of behavior or other concerns that could warrant concern about the safety of others and independently demonstrates skill utilization to manage risks

History of, or currently displaying warning signs that the safety of others may be at risk and the student needs support in managing skills and behaviors to address risk factors

Current, significantly demonstrated risk to others and student is not able to effectively engage with supports on a consistent basis to keep themselves safe, needs a significant amount of support and/or needs to be regularly monitored to maintain their own safety

If you have indicated that the student requires support or that there are current, serious risks (third and fourth checkbox) to others, please explain below, including any recommendations on mitigating such concerns:

Please tell us if continuing treatment is recommended upon return to Middlebury including the type, frequency, and duration of care you recommend, and the symptoms of functional difficulties that on-going treatment may need to address.

Will you be involved in providing or supervising this recommended on-going care?

Clinician's Signature:

Date: