

## MIDDLEBURY COLLEGE TEMPORARY MEDICAL LEAVE MEDICAL RETURN FORM

*For use when seeking approval for a return from a voluntary or mandatory Temporary Medical Leave.*

**Student Instructions:** Because Temporary Medical Leaves are limited to ten (10) or fewer class days, requesting records from your healthcare provider(s) through a release of information is often not possible. Please plan to retrieve and upload records of your treatment, surgery, medication changes, etc. to your student health portal so that Center for Health and Wellness staff can review it. Additionally, please complete your section below on Page 2 of this document and then give this and all attached pages to your treating health care provider(s) to authorize campus staff to follow up with your provider(s). Please complete and request submission of this form 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, you must contact the Center for Health and Wellness ([chw@middlebury.edu](mailto:chw@middlebury.edu)) as soon as possible in order to explore whether there may be alternative or supplemental options. Once your Medical Return Form(s) are received, Center for Health and Wellness staff will follow up with you to discuss any questions we have, answer your questions, and explore continuity of care planning. Students who do not communicate in advance with Center staff will have limited access to alternatives for the Medical Return Process.

**Provider Instructions:** The student named on Page 2 is seeking approval to return to a Middlebury College program following a Temporary Medical Leave. This document serves as a release of information and our official request for records pertaining to the care you provided to the student to **help us assess the student's readiness to return and to create a supportive continuity of care plan. Should it be more convenient than sending records, you are welcome to summarize the diagnosis and care provided on letterhead.**

We require that this form and accompanying records be sent directly from providers to Middlebury's Center for Health and Wellness via fax (preferred), mail or email. Should we have additional questions, campus clinicians will follow up via the contact information you provide.

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](mailto: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 #:

### ***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 Middlebury, 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 temporary medical leave were related to my health in the following way(s):

I have met my goals for my temporary medical leave in the following ways:

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

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).

A student may request a Temporary Medical Leave of Absence of up to ten (10) consecutive class days per semester. Temporary Medical Leaves are appropriate for health-related situations in which a student needs to take time away from classes to manage a short-term need such as injury rehabilitation, symptoms improved by rest, or for planned procedures associated with relatively short recovery times. Temporary Medical Leaves are not appropriate in situations where intensive levels of care are indicated including inpatient, intensive outpatient, or residential settings, nor are they appropriate to manage common illnesses like colds, influenza, etc. unless symptoms are exceptionally severe and persistent.

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 temporary medical leave, 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: