



Center for Health  
and Wellness  
*at Middlebury*

## MEDICAL RETURN FORM

**For use when petitioning for a return with requirements to a Middlebury program or as part of a voluntary Wellness Return Action Plan (WRAP)**

### To the Student:

Please complete your section below on Page 1 of this document and then give this and all attached pages to your treating clinician/health care provider(s). Please submit this form as many times as necessary for your treatment team to be sufficiently represented.

### To the Provider(s):

The student named below is applying to return to a Middlebury Program following a leave of absence and has identified goals, challenges, or needs related to their health that they sought to address during their leave. The information you provide will be used to help Middlebury make a determination about the student's readiness to return and to create a supportive continuity of care plan with the student. This document will not become a part of the student's academic record. It will be retained in the student's electronic health record and remain confidential. Recommendations made in this document may be shared back with the student.

We do not require this form to be filled out by an overseeing MD or senior clinician from a clinic or practice. In the event an RN, LICSW, etc. has provided more consistent care and planning, their involvement in completing this form would be most welcomed. *However, we do require that MRF's are sent directly from providers to Middlebury College. Please respond to pages 2-3 directly on this form or use your own letterhead if more convenient. Upon completion, please mail or fax this completed form (Pages 1-3) and any additional relevant information to:*

*Integrated Care  
Attn: MRF  
Center for Health and Wellness  
Centeno House  
136 South Main Street  
Middlebury College  
Middlebury, VT 05753  
Fax 802-443-2066 (This is a confidential fax machine)*



**Student Provided Information Page**

Student Name:

DOB:

Student ID #:

Date/Semester you wish to return:

Program for which you would like to return (College, Language Schools, Schools Abroad, etc.):

*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 address:

Provider phone number:

This authorization is for the purposes 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 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 are related to my health in the following way(s):

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

Student Signature or e-signature:

Date:



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**To Be Completed by The Clinician/Health Care Provider**

Middlebury College provides short-term, general medical and mental healthcare to students. The College is unable to provide intensive long-term medical care or counseling, personal care or monitoring of students in academic, residential or social settings. Specialized treatment providers in our rural area are extremely limited. Programs located outside of Middlebury and Ripton, VT, only provide telehealth-based counseling and/or medical services to students.

With the information provided above regarding the circumstance of the need for a leave of absence and the current requirements to return, please provide information below 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 # of encounters:



**Given the independent nature of participating in the academic, social, and cultural demands of attending a Middlebury College Program, our understanding of how the student will be able to reintegrate safely is paramount.**

If safety concerns were a factor in the student taking leave of campus or if safety concerns developed during your time of providing care, what were they and how have they been addressed? Please specify if safety concerns are related to harm to self, harm to others, self-injurious behavior, or within another context. If the student has a safety plan on file with you, please provide that documentation in addition to this form.

Please describe how the circumstances that resulted in a leave of absence have changed for the student. What signs or symptoms might indicate another leave is needed? Please identify specific precipitants that could put the student at risk in the future.

What recommendations for further care have you made to this student now? Will you continue to play a role in this student's care upon their return to their program? If applicable, please describe what medication considerations or changes occurred while the student was in your care and what are current medications and dosage.

Please provide any additional comments or other relevant information that may help us in making a return recommendation including any sub-clinical supports that might benefit the student:

Clinician's signature or e-signature:

Date: