昆山杜克大学
DUKE KUNSHAN UNIVERSITY

Request for a Medical Leave of Absence: Healthcare Provider's Recommendation Form

To the Student: Students who request a medical leave of absence must submit the one-page MLOA Request Form directly to their academic dean and request that their treating physician or licensed healthcare provider submit a MLOA recommendation form directly to their academic dean.

Student Name: _____ Student ID: _____

Academic Dean: _____ Phone: _____ Date rec'd by student: _____

To the Healthcare Provider: The requested information is needed to inform the academic dean's decision regarding whether a medical leave absence should be granted. Please specify all of the health issues that are of concern to you and have prompted the student's request for a medical leave of absence (if multiple issues are present, please indicate in order of priority):

☐ Substance Use ☐ Bipolar Disorder ☐ Mononucleosis ☐ Limb injury
☐ Anxiety Disorder ☐ Depression ☐ Psychosis ☐ Head injury
☐ Attention Deficit Disorder ☐ Eating Disorder ☐ Sleep Disorder

Other/Comments: _____

_____

Based on your assessment, do the student's health issues impair his/her academic functioning sufficiently to warrant a medical leave of absence to pursue treatment? ☐ yes ☐ no

If yes, please indicate your treatment/intervention recommendation(s) for the student while he/she is away on medical leave:

☐ Psychotherapy with a licensed clinician, suggested frequency: _____
☐ Psychotropic medications prescribed and overseen by a licensed physician
☐ Complete a full psychiatric evaluation and follow the psychiatrist's treatment recommendations
☐ Enrollment in a rehabilitation program
☐ Enrollment in an inpatient facility
☐ Medical care by a licensed generalist/specialist

Comments/Other: _____

_____

Please check all that apply:

☐ I will serve as the student's primary healthcare provider during his/her leave of absence from Duke Kunshan University.
☐ I have provided referrals to the student for treatment during their leave of absence.
☐ The student already has an identified provider.
☐ The student will arrange treatment with assistance from his/her family.
☐ I am a Duke Kunshan University CAPS healthcare provider.
☐ I am a Duke Kunshan University Student Health Center health care provider.

Check all that apply: I am a

☐ licensed social worker ☐ physician (non-psychiatrist) ☐ licensed health care provider
☐ psychologist ☐ psychiatrist ☐ other _____

I have the student's written permission to communicate with you regarding their medical leave of absence and am available to consult as needed: ☐ yes ☐ no. Please call _____

Provider's signature _____ Date: _____

Provider's printed name
(or official business stamp) _____ Affiliation: _____