Licensed Provider Recommendation for Medical Withdrawal

Part I: Provider Information Please complete *all* information required.

Provider Name:_____ Practice Phone:_____

Practice Address: _____

Provider Credentials (please select):

MD/DO, Specialty: _____

Nurse Practitioner, Specialty: _____

Mental Health Professional, please specify: _____

NPI#:_____ License Number_____ Start Date of Issue: _____

Part II: Student Information

Patient's Full Name: _____

Patient's Date of Birth:_____ Patient's UNA L# (if known):_____

Part III: Clinical History Please complete *all* information required in detail. *(Attach additional sheets if needed.)*

Patient's Diagnoses with ICD-10 and/or DSM codes

_____

_____

_____

Describe how or why the condition is interfering or previously interfered with the patient's academic performance, safety or well-being at the University of North Alabama:_____

_____

_____

Provide the date of onset for an acute condition, or the date of worsening of a chronic condition, with a level of severity interfering with the patient's academic performance, safety or well-being at University of North Alabama: _____

_____

_____

_____

Please provide the date(s) the patient was under your care for these diagnoses:_____

Please provide any additional information relevant to your recommendation for medical withdrawal for the patient on your office letterhead.

If appropriate at this time, do you anticipate that the patient would be able to return to campus?_____

If yes, when and under what circumstances? _____

_____

Part IV: Certification Statement

With my signature below, I provide my recommendation for medical withdrawal from the_____ term or semester, 20____, at the University of North Alabama. The patient has given me permission to share the foregoing information with University of North Alabama officials and discuss their medical information with a physician or representative thereof at the University of North Alabama.

Physician Signature _____ Date: _____

Signature (CM, DSS, UHC) _____ Date: _____

Signature of Dean or Chair _____ Date: _____