



Health Services and Counseling and Psychological Services Medical Withdrawal and Return Form

Student Name: _____ SNC ID Number: _____

Date of Birth: _____ Home Address: _____

With my signature I authorize Health Services and/or Counseling and Psychological Services to disclose approval of this medical withdrawal with the appropriate campus offices to further process this withdrawal.

Student Signature: _____ Date: _____

Section I (To be completed by Provider) Medical Withdrawal from St. Norbert College

Date: _____ Diagnosis (include *specific* functional limitations related to diagnosis): _____

- Documentation supporting medical withdrawal sent to St. Norbert College.
- Recommend medical withdrawal from St. Norbert College at this time.

Name of Provider and title (please print): _____

Provider Signature: _____ Title: _____ Date: _____

Section II (To be completed by Provider) Return to St. Norbert College after Medical Withdrawal

Date: _____ Diagnosis and Treatment: _____

Current Medications: _____

Other treatment modalities: _____

Expected Outcomes from medications and/or treatment modalities: _____

Please Identify *specific* functional limitations and special *accommodations* **directly** related to the diagnosis: _____

Continued treatment while at St. Norbert College (Please check all that apply and provide additional details as needed):

- Ongoing laboratory testing (prescription for lab test, frequency and communication of results)
- Medication continuation, special instructions, etc.
- Immunization completion: List vaccines
- Physical Therapy
- Wound Care: identify method, frequency and duration; Observation for specific complications: _____
- Physical assessment including: _____
- Counseling with a St. Norbert College counselor

Please check the areas in which the student can reasonably be expected to meet expectations (If unable to meet expectations, provide details about the limitations and the disability requiring accommodations):

- Ability to attend classes/participate in educational activities
- Ability to study and learn materials at the rate of a typical college student
- Ability to engage in positive academic and social interactions
- Ability to live in an on-campus residential environment
- Ability to participate in college related activities
- Ability to tolerate the typical stress associated with an academic environment
- Ability to tolerate the typical stress associated with a residential campus environment

Recommendations:

- Continued treatment is not necessary as the condition has been adequately treated
- Continue treatment with the following current provider(s): _____
- Collaborate treatment with current provider(s) and SNC health, medical, and counseling staff.

Additional Comments: _____

Provider Signature: _____ Printed Name/Title: _____

Please send completed form to St. Norbert College Health Services Fax: 920-403-3099, or, 100 Grant St., De Pere, WI 54115, Attn: Chrystal Woller, Director of Health Services, and Dr. Bruce Robertson, Director of Counseling and Career.