

St. Norbert College Health and Wellness Services
Medical Withdrawal and Return Form

Name: _____ SNC ID number _____
Date of Birth _____ Home Address _____

Section I Medical Withdrawal from St. Norbert College

Date: _____ Diagnosis _____

Recommend medical withdrawal from St. Norbert College at this time.

Name of Provider _____ (Please print)

Signature _____ Title _____ Date _____

Section II Return to St. Norbert College after Medical Withdrawal

Date: _____ Diagnosis and Treatment _____

Current Medications: _____

Other treatment modalities: _____

Expected Outcomes _____

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:

Please check the areas in which the student can reasonably be expected to meet expectations: If unable to meet expectations, please 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

What are your recommendations:

- Continued treatment is not necessary as the condition has been adequately treated
- Treatment will continue with current provider(s):
- Treatment will be collaborative with current provider and SNC health , medical and counseling staff

Additional Comments:

Signature _____ Print name and title _____

Please send completed form to St. Norbert College Health and Wellness Services Fax: 920-403-3099 or by postal mail to: 100 Grant St. De Pere, WI 54115
Attention Barbara Bloomer, Sr. Director for Health and Wellness Services