MASSBAY COMMUNITY COLLEGE

Please Return Form to:
Student Development
50 Oakland Street
Wellesley Hills, MA 02481
(Phone) 781-239-2753
(fax) 781-239-2669

Medical Re-Entry Form

Licensed Healthcare Provider must complete form.
Please fax or return in an official letterhead envelope.

Student Name:	**Date of Birth**:	**Today's Date**:

The above named student is applying to return to MassBay Community College following a medical leave. Your information will help us determine this student's readiness to return to school. Assessment of the student's readiness to return to the college is based on careful consideration of all pertinent information obtained from the student and the provider. The final decision regarding re-admission rests with the Dean of Students. Please complete and return this form via email or fax. If more space is needed in the narrative sections, please add additional pages. This information will become part of the student's confidential student record as protected by FERPA.

Hospitalization Dates: Admitted on: Discharged on:

Reason for Visit: ☐ Physical Health ☐ Mental Health **(Please check all that apply)**

☐ Suicidal threats or behavior ☐ Self injurious behavior

☐ Homicidal threats/behaviors ☐ Violent behavior

☐ Reckless/high risk behaviors ☐ Medical Instability

Current Treatment Plan:

Discharge/Continuing Care Plan:

Are there any specific concerns you have about the student returning to College?

Is there any other information we should know for the student's successful return to College?

(Please see reverse side)

Recommendation:

To return to MassBay Community College, a student must be able to:

- Function autonomously on campus;
- Not require supervision or monitoring for safety or continuing care;
- Be able to take responsibility for arranging and following through with any further treatment.

Based on the above criteria, is this student ready to return to MassBay Community College?

☐ Yes
☐ No

If a student's condition meets the criteria for a disability as defined by the Americans with Disabilities Act, the Office of Disability Resources can provide appropriate accommodations. Please contact them at 781-239-2622.

If Yes:

☐ Full-time enrollment (12 credits, which is typically 4 classes)
☐ Part-time (9 credits or fewer)

Provider Name: Profession/License No.:

Address:

Phone:
Fax:
Email:
Signature Date: