

**Licensed Provider Recommendation for Return to Campus (Medical Clearance)**

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: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Part II: Student Information

Patient's Full Name: \_\_\_\_\_  
Patient's Date of Birth: \_\_\_\_\_ Patient's CWID (if known): \_\_\_\_\_

Part III: Clinical History: Please complete all information required in detail. Additional information may be provided on your office letterhead.

Patient's Diagnoses with ICD-10 and/or DSM codes (attach additional sheets if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the condition(s) has/have resolved or stabilized so that it is not likely to interfere with the patient's academic performance, safety or wellbeing upon return to The University of Alabama: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the date of resolution or stabilization to a level no longer interfering with the patient's academic performance, safety or wellbeing upon return to The University of Alabama: \_\_\_\_\_

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

If ongoing care is needed to maintain resolution or stabilization of the patient's condition, describe the plan of care, including medication, ongoing therapy and follow up. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part IV: Certification Statement

With my signature below, I provide my recommendation for the patient's return to campus for the \_\_\_\_\_ term or semester, 20\_\_\_\_, at The University of Alabama. The patient has given me permission to share the foregoing information with University of Alabama officials and discuss their medical information with a physician at the Student Health Center if needed.

Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_ Date: \_\_\_\_\_