THE UNIVERSITY OF ALABAMA® | Division of Student Life
Student Health Center and Pharmacy

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 _____ 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 *(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 wellbeing at The University of 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 wellbeing at The University of Alabama: _____
_____
_____
_____

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

Provide any additional information relevant to your recommendation for medical withdrawal for the patient on 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 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: _____