

Readiness to Return after Medical Withdrawal Form

Kenyon College Health & Counseling Center

3. What is the current treatment plan? Please include information regarding follow-up psychotherapy and medical management, if any.

4. Based on the current health condition, are there any difficulties you would anticipate for the student in order for them to succeed academically, adjust to the college community, or prevent a worsening of their condition?

5. Do you have any recommendations concerning academic (reduced course load), residential (room accommodations), or dietary needs that would help this student when they return to college.

6. Do you have any additional comments or suggestions?

Signature of Health Care Provider _____

Date _____

Preferred method of communication:

Telephone _____

Email _____

Please fax to Kenyon College Health Center @ 740-427-5527 or Counseling Center @740-427-5446.