

MEDICAL CLEARANCE FORM

The student named below has requested re-enrollment in Auburn University following a medical withdrawal. Auburn University is a competitive institution of higher education. To optimize the possibility of success, students are asked to submit medical documentation from a licensed healthcare provider (preferably the provider who recommended the medical withdrawal) to indicate readiness to return to an academic environment.

Healthcare Provider Name: _____

In your professional opinion, has _____'s medical/ psychological condition been successfully resolved so that the student can function effectively in an academic environment at this time?

_____ Yes _____ No _____ Cannot Assess

If yes, please indicate if any of the following recommendations are appropriate:

- _____ Part-Time Course Load
- _____ Academic Accommodations
- _____ Student Counseling Services
- _____ Academic Coaching/Counseling
- _____ Other Recommendations; List here _____

If no, please indicate when you believe the condition may be resolved:

If you cannot assess, please briefly explain why:

Signature: _____

Date: _____

Provider License Number: _____

Please send this form, ATTN: Medical Withdrawal Coordinator, by fax or mail to the number or address listed below. You can also email this form to medwithdraw@auburn.edu

Auburn Cares

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