

Health Leaves Case Manager
WU Cares Case Management Team
Danforth University Center, One Brookings Dr, 63130
Phone: 314.935.5956
Fax: 314.970.9093
Email: studentmedleave@wustl.edu



REASON FOR A MEDICAL LEAVE OF ABSENCE PERSONAL STATEMENT

Student Name: _____ **WUSTL ID #:** _____

Date health leave was requested: _____

1. What is your medical/mental health reason for a medical leave of absence at this time?

2. How is your current physical/mental health impacting your ability to engage in a full course load and/or as a student at Washington University in St. Louis?

Health Leaves Case Manager
WU Cares Case Management Team
Danforth University Center, One Brookings Dr, 63130
Phone: 314.935.5956
Fax: 314.970.9093
Email: studentmedleave@wustl.edu



3. Briefly describe how you intend to spend your time on leave (include treatment plans, how you plan to manage the reason for your leave, and when you might return, if known).

4. If you have a treatment provider that you intend to consult while on leave, use the space below to indicate their name and contact information. If you are not connected with a provider, please indicate if there are potential barriers to seeking care as the Leave Case Manager can support connecting to care.

Signature: _____

Date: _____