

Health Leaves Case Manager
WU Cares Case Management Team
Danforth University Center, One Brookings Dr, 63130
Phone: 314.935.5956
Fax: 314.970.9093
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REASON FOR A MEDICAL LEAVE OF ABSENCE PROVIDER DOCUMENTATION FORM

Student Name: _____ **WUSTL ID #:** _____
Semester/year of MLOA: _____

Instructions for the Health Care Provider:

- Complete this page to substantiate the student's request for a medical leave of absence.
- Return form to the Health Leave Case Manager
- To maintain F-1 student visa status, international students must have the form signed by a licensed medical doctor, Doctor of Osteopathic Medicine, clinical psychologist, or psychologist.

Provider Name: _____
Provider Title: _____
Provider Signature: _____ **Date:** _____

* All documentation must be submitted in the English language from the health provider(s); or translated by a licensed professional translation service for review. Students are welcome to use the professional licensed service of their choosing.

1. List and describe the medical/mental health reason for a Medical Leave of Absence.

2. How does the student's physical/mental health impact their ability to engage in a full course load and/or the student's experience at Washington University in St. Louis?

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3. What is the recommended course of treatment or plan for recovery? If possible, indicate the expected duration of the treatment/recovery. This helps us better support students while they are out and when they are set to return by collaborating on continuity of care.