

REASON FOR A MEDICAL LEAVE OF ABSENCE SELF REPORT FORM

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

Date medical leave was requested: _____

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

2. Please list any medications you are taking for the above health condition(s) (if applicable):

3. 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?

4. 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 apply to return, if known).

5. 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: _____

Please note:

While on MLOA, it is expected that a student will continuously engage in treatment until their provider determines that the concerns that led to the medical leave of absence are adequately addressed. In order to successfully reinstate back to WashU after a MLOA, a student must participate in the appropriate level of care to address their concerns, as determined by a medical/mental health profession.