

Student Health Services

Medical Withdrawal Process Provider Recommendation Form

Part I: Provider Information (Please complete all information required.)	
Provider Name:	
Provider Phone:	
Provider Credentials:	MD/DO//CRNP//PA-C//PhD//LPC//LCSW//Other _____
Specialty:	
Part II: Student (Patient) Information	
Patient's Full Name:	
Patient's Date of Birth:	
Part III: Clinical History Please complete all information required in detail (attached additional information if needed).	
Patient's Diagnoses with ICD-10 and/or DSM codes:	
Provide the effective date of the withdrawal: _____ (Date of onset for an acute condition, or the date of worsening of a chronic condition, with a level of severity interfering with the patient's academic performance, safety or wellbeing at The University of Alabama at Birmingham.)	
Describe how or why the condition is interfering or previously interfered with the patient's academic performance, safety, or wellbeing at The University of Alabama at Birmingham:	
Please provide the date(s) the patient was under your care for these diagnoses:	
Provide any additional information relevant to your recommendation for medical withdrawal for the patient on office letterhead.	
If appropriate at this time, do you anticipate that the patient would be able to return to campus? _____	
If yes, when and under what circumstances?	
Part IV: Certification Statement	
With my signature, I provide my recommendation for medical withdrawal from the _____ term or semester, 20____, at The University of Alabama at Birmingham. The patient has given me permission to share the foregoing information with The University of Alabama at Birmingham officials and discuss their medical information with a physician at UAB Student Health Services if needed.	
Signature:	
Stamp:	
Date:	