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 health care provider (preferably the provider who recommended the medical withdrawal) to indicate readiness to return to an academic environment.

Health Care 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, 255 Heisman Drive, Suite 1115, Auburn, AL 36849  
Phone: 334-844-1389 | Fax: 334-844-1132 | http://aucares.auburn.edu