



### 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](mailto:medwithdraw@auburn.edu).**