



Cornell University

**Health Leaves Coordinator**  
Student Disability Services  
Cornell Health, Ho Plaza  
Ithaca, NY 14853  
Phone: 607.255.8745  
Fax: 607.255.1562  
Email: healthleaves@cornell.edu

## REASON FOR A HEALTH LEAVE OF ABSENCE PERSONAL STATEMENT

Student Name: \_\_\_\_\_

Cornell Net ID: \_\_\_\_\_ Date health leave was requested: \_\_\_\_\_

1. What is your disability or physical/mental health reason for taking a health leave of absence leave?

2. How is your disability or physical/mental health impacting your ability to engage in the student experience at Cornell University at this time?

3. 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 return, if known).

4. 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_