



Cornell University

Health Leaves Coordinator
Student Disability Services
The Ceriale Center for Cornell Health
110 Ho Plaza Ithaca, NY 14853
Phone: 607.255.8745
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REASON FOR A HEALTH LEAVE OF ABSENCE PROVIDER DOCUMENTATION FORM

Student Name: _____ Cornell NetID: _____

Semester/year of HLOA: _____

Instructions for the Health Care Provider:

- Complete this page to substantiate the student's request for a health leave of absence
- Return form to the Health Leaves Coordinator (see contact information in letterhead)
- To maintain F-1 student visa status, international students must have the form signed by a licensed medical doctor, Doctor of Osteopathic Medicine, clinical psychologist, or psychologist.

Provider Name: _____

Provider Title: _____

Provider Signature: _____ Date: _____

1. What is the disability or medical/mental health reason for a health leave of absence?

2. How does the student's disability or physical/mental health impact their ability to engage in the student experience at Cornell University?

3. What is the recommended course of treatment or plan for recovery? If possible, indicate the expected duration of the treatment/recovery.