For Official Use Only
___A___D ________________AD/D
__________________ Date
ML End Date entered_______ (initials)

Lehigh Carbon
COMMUNITY COLLEGE

Associate Dean of Student Development
4525 Education Park Drive, SSC 126B
Schnecksville, PA 18078
Phone: 610-799-1895 | Fax: 610-769-1324

Re-Entry Documentation

(Following Medical/Mental Health Withdrawal)

Physician/Mental Health Professional Form

Please return this form, completed by a licensed Physician/Mental Health Professional, to address above.

STUDENT TO COMPLETE

I authorize my physician/mental health professional to release the information requested for my re-entry to Lehigh Carbon Community College following my medical withdrawal. I understand that the information will be handled in a confidential manner and in compliance with HIPAA.

Patient Name:____ ID#:__________________________

Student Signature:______________________________________ Date:__________________________

PHYSICIAN / MENTAL HEALTH PROFESSIONAL TO COMPLETE

Condition that required the student's withdrawal:____

Dates of treatment:____

Medications (if applicable):____

Recommendations for continued recovery:____

Evaluation of student's ability/readiness to return to the college environment, including areas of academic and social functioning:

Additional information/accommodations appropriate for facilitating the student's return to college:

PLEASE PRINT

Name of Physician/Mental Health Professional:____________________________________ Phone:__________________

Address:____

Signature of Physician/Mental Health Professional:_________________________________ Date:___________________

Professional License ID #:____

CONFIDENTIAL

The College will not discriminate against any employee, applicant for employment, student, or applicant for admission on the basis of gender, gender identity, gender expression, sex, race, ethnicity, color, national origin, religion, age, disability, veteran or military status, genetic information, family or marital status, sexual orientation, or any other protected class under applicable local, state, or federal law, including protections for those opposing discrimination or participating in any grievance process on campus or within the Equal Employment Opportunity Commission or other human rights agencies. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. Inquiries about this policy and procedure may be made internally to the Director of Human Resources/Title IX/Equity Coordinator, Office of Human Resources, 4525 Education Park Drive, Schnecksville, PA 18078, 610-799-1107.

PERM33C-jj (AC) (6/24/22)