



**New Paltz**  
STATE UNIVERSITY OF NEW YORK

Student Health Service • Division of Student Affairs  
1 Hawk Drive • New Paltz, NY 12561-2443 • 845-257-3400 • Fax 845-257-3415  
healthservice@newpaltz.edu

## Leave of Absence Documentation

Information is needed to support your Medical Leave of Absence request as well as to facilitate a healthy return from a Medical Leave of Absence at New Paltz.

Psychiatric or psychological conditions do not support a **Medical** Leave of Absence.

I (Student's name) \_\_\_\_\_ authorize my primary medical provider to supply the information below to the Student Health Service.

Date:

Signature:

.....

### To be completed by provider.

Medical Condition (responsible for the Leave of Absence):

Date of onset:

Dates of treatment:

Has the condition resolved? YES / NO

If not what treatment will be necessary in the future:

Can this student meet the physical and emotional demands of college? YES / NO

**Primary Medical Provider's name** (print):

**Office stamp:**

**Date:**

**Signature:**