

Student Checklist for Returning from a Voluntary Health Withdrawal

- ' Complete and send back each of the following forms:
 - ' Request to Return from a Voluntary Health Withdrawal
 - ' UNLV Medical/Mental Health Clearance Form (2 pages)
 - ' Authorization for Disclosure of Patient Health Information
- ' Ask each relevant medical/mental health provider(s) you have seen during your time away to fill out the UNLV Medical /Mental Health Clearance Form. Ask them to complete the form and send it directly to the UNLV Health Withdrawal Committee (see link and fax number listed below).
- ' Complete and send back an Authorization for Disclosure of Patient Health Information for each of your providers for the Voluntary Health Withdrawal Committee to contact your providers as necessary to complete the return.
- ' Contact your academic advisor, Admissions, and Financial Aid to notify them of your intent to pursue enrollment. Begin any academic planning you may need to do with them. Be sure to ask specifically what your college requires from you in order to return (e.g., documentation of activities while away).
- ' Graduate students should contact the Graduate College at (702) 895-5773 or GdRebel@unlv.edu.
- ' Contact vhw@unlv.edu or (702) 895-0156 if you have any questions about the process associated with returning from a voluntary health withdrawal.

Please note: Generally, a student returning from a Voluntary Health Withdrawal will have taken at least one full semester off in order to receive sufficient treatment and gain stability.

Documentation is reviewed as it is received; therefore, it is to your benefit to submit your materials as early as possible.

Please send all correspondence to:

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Request to Return from a Voluntary Health Withdrawal

I have read the information above and have asked for any needed clarification and explanation. I understand the required conditions of return and the deadlines involved in returning from a Voluntary Health Withdrawal. I accept these conditions and deadlines as part of my responsibilities in taking a Voluntary Health Withdrawal from UNLV. I understand that my signing this form does not guarantee that I will receive authorization to return from Voluntary Health Withdrawal.

Written Request for Re-admittance to UNLV from a Voluntary Health Withdrawal (to be completed by student):

Please provide details regarding outcome of treatment & leave of absence, as well as your current sense of well-being:

UNLV Medical/Mental Health Clearance Form

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Dear Clinician,

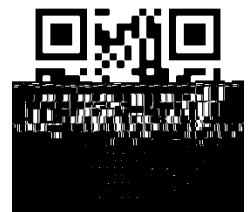
The information you provide will be utilized by the Voluntary Health Withdrawal Committee at UNLV
staffed by health and mental health professionals, to determine if the individual is fit to return to work.

If "moderate" or "high" was selected above, please explain the risk factors: _____

How might the student's current condition or side effects from treatment impact the student's academic functioning?

Do you believe the student is ready to return to academic studies at UNLV from their Voluntary Health Withdrawal and function successfully? Yes No Unable to determine

Please provide base nact 34t



UNLV Voluntary Health Withdrawal Committee

UNLV Voluntary Health Withdrawal Committee
4505 Maryland Parkway / Box 452005 Las Vegas, Nevada 89150-2005
(702) 8950136 | FAX (702) 8954316

AUTHORIZATION FOR DISCLOSURE OF PATIENT HEALTH INFORMATION

(Form # 100)

Name: _____ DOB: _____ NSHE #: _____

Phone No. to contact you: _____

I HEREBY AUTHORIZE INFORMATION TO BE RELEASED:

FROM:

TO:

Name/Agency _____ Name/Agency: _____

Address: _____ Address: _____

Phone: _____ Phone: _____