

Medical or Psychological Clearance Form

- Medical Clearance
- Psychological Clearance

Student Name: _____ PID#: _____ Date of Birth: _____

Dates of Treatment: _____

Diagnosis:

I.

II.

III.

Medications:

Problem that led to withdrawal:

Treatment Completed: Yes No Ongoing

Treatment ended with your permission: Yes No Referral

If referred, to whom: _____

In your professional opinion, is this student ready to return to UNC? Yes No

Please explain:

In your care of this student, do you consider there to be any safety concerns? Yes No

If yes, please explain:

Health Care Professional Completing this Form

Printed Name and Credentials: _____

Address: _____ Phone: _____

Signature: _____ Date form Completed: _____

Please return completed form to:

UNC Campus Health, Attn: Health Information Management, James A. Taylor Bldg., CB# 7470, Chapel Hill, NC 27599