

# RETURN FROM MEDICAL LEAVE OF ABSENCE

## STUDENT INFORMATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

The personal information collected on this form is collected under the authority of the University Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information collected will be used for assessing medical needs, in relation to Returning from Medical Leave of Absence. For more information regarding the collection and use of personal information please contact Royal Roads University's Privacy Officer at 250 391-2600 (ext. 4178), or via email at: [info@royalroads.ca](mailto:info@royalroads.ca), or in writing at above address.

### STUDENT IDENTIFICATION

I hereby authorize my healthcare practitioner to complete this form and to fully respond to the requested statement questions below as they relate to returning from a Medical Leave of Absence (MLOA).

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Number: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** When a student on MLOA is ready to return, further medical documentation is required to confirm their ability to resume course work. The Dean or designate then determines course of studies for completion of the degree requirements. The student may be required to repeat previously taken courses to ensure currency of the material. The student will be responsible for paying any outstanding fees with the university.

Any fees incurred for completion of this form are the responsibility of the student. **Return from Medical Leave does not automatically provide entry into coursework.** I hereby acknowledge that I have read, understand and agree to the terms of this document.

### HEALTHCARE PRACTITIONER STATEMENT

RRU's collaborative cohort model features group-based course work – both on-campus and online. If in a residency, or in our condensed programs, the daily schedule is often 8 am to 5 pm, Monday to Friday. In addition, there are group projects, homework, and writing assignments after class. The pace is challenging. Students are expected to work with different personalities, to lead and follow depending on the situation, to meet strict deadlines, and support and work in a team. When in blended "online" programming, independent study is also required.

After examining this student and acknowledging the above information, I agree that the student is medically cleared to return to their studies: Yes  No  Recommended date of return: \_\_\_\_\_

This student is ready to return to studies, however, requires the following academic accommodations:

Time and a half for exams: Yes  No

More time for individual assignments (note: extension timelines vary by program): Yes  No

If more robust academic accommodations are required, and if the student will apply for government's disability grants, please complete the appropriate long form.

### HEALTHCARE PRACTITIONER IDENTIFICATION

Name: \_\_\_\_\_

Specialty/Occupation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_