

Re-enrollment Checklist for Columbia Health Services Medical Evaluation

Student Name: _____

Student UNI: _____

Date: _____

To be completed by CMS health practitioner:

Please check as appropriate

1. Student is **cleared** to re-enroll _____
2. Student is **not cleared** to re-enroll _____

Recommendations:

1. ODS registration _____
2. Follow-up appointment with CHS or appropriate health care provider _____
3. Follow-up appointment with CPS or appropriate health care provider _____
4. No recommendations _____
5. Please check if you recommend part-time enrollment only _____

CHS practitioner signature: _____

CHS practitioner printed name: _____

Title: _____

Please place in a signed/stamped and sealed envelope to be hand-delivered by the student to the SPS Office of Student Affairs, Lewisohn Hall Room 203A. Thank you.