

# Clearance Form Following Medical Leave for Students Recovering from Eating Disorders



PATIENT NAME \_\_\_\_\_ DOB: \_\_\_\_\_

## Please complete the following parameters and attach requested records:

The Engle Center Eating Disorder Treatment Protocol stipulates that a student with an eating disorder who is returning from medical leave must be medically stable and:

- Have a BMI > 17.5 or be no more than 10% below IBW
    - Last weight/BMI/%IBW/date \_\_\_\_\_
  - A student with Bulimia Nervosa must have a normal weight with bingeing/purging no more than 2x week
    - Bingeing/purging episodes per week \_\_\_\_\_
  - Have no electrolyte imbalances and no significant lab abnormalities
    - Please attach most recent BMP or list date and with BMP values
- 

- Have a stable or increasing weight within the last month? Y/N
  - Have no cardiac dysrhythmia other than sinus bradycardia.
    - Please attach most recent EKG
  - Have a resting heart rate above 50 Y/N Pulse \_\_\_\_\_
  - Have BP greater than 100/70 Y/N B/P \_\_\_\_\_
  - Have normal orthostatic readings Y/N
- 

- Have no complaints of chest pain, palpitations, fatigue, dizziness, syncope, weakness, abdominal pain.
    - Did patient have any of these complaints at last office visit? Y/N
  - Is motivated to engage in continued treatment Y/N
  - Is self-sufficient in establishing the structure needed to eat/gain weight and control any bingeing/purging behaviors. Y/N
- 

Because the student with an eating disorder who is returning from medical leave is at increased risk for relapse, he/she is carefully screened to be sure a safe and successful return to campus life is possible. As a condition of the student's return, he/she must agree to see all three services (medical/dietary/counseling) within our Eating Disorder Treatment Team at least once a month for the semester following medical leave.

**As this patient's medical provider, I certify that he/she is medically stable and cleared for participation in all campus activities. I agree with the above stated treatment plan for this patient as he/she returns to campus life.**

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

Fax/Phone: \_\_\_\_\_

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

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