

**PART B of Return Application**  
**Medical Documents**

# Duke Kunshan University

## HEALTH Recommendation for Return from Leave of Absence/Reinstatement

(Please make as many copies as you need of this sheet.)

**TO THE APPLICANT:** Fill in your name and forward a copy of this form to each of your health care providers. For the convenience of the recommender, you should include a stamped addressed envelope. This form must accompany the submitted recommendation letter.

### RECOMMENDATION ON BEHALF OF:

Student's Name \_\_\_\_\_  
(please print)

**APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT:** I hereby voluntarily waive my right of access to any information contained on the recommendation form and agree that the statement will remain confidential.

\_\_\_\_\_  
(student signature)                      \_\_\_\_\_  
(date)

**TO THE HEALTH CARE PROVIDER:** Please **DO NOT RETURN** your completed recommendation **TO THE APPLICANT**.

Please mail or email directly to the following address:

#### Regular postal mail:

For physical health treatment	For mental health treatment
<p>Please mail or email directly to the following address:</p> <p><b>Regular postal mail:</b> Campus Clinic Service Building, Duke Kunshan University No. 8 Duke Avenue, Kunshan, Jiangsu China 215316</p> <p><b>Email:</b> campushealth@dukekunshan.edu.cn</p>	<p>Please mail or email directly to the following address:</p> <p><b>Regular postal mail:</b> CAPS Conference Center, Duke Kunshan University No. 8 Duke Avenue, Kunshan, Jiangsu China 215316</p> <p><b>Email:</b> caps@dukekunshan.edu.cn</p>

## Duke Kunshan University

### COVER LETTER TO THE HEALTH PROFESSIONAL:

You are currently treating a Duke Kunshan University student who wishes to return from a Medical Leave of Absence. We are asking you to write a letter to the student's review committee and provide the information requested below, so that we can determine if the student has recovered sufficiently to resume academic responsibilities at DKU, in accordance with the attached Description of Certain Essential Requirements and Expectations. We also ask that you fill out the attached brief questionnaire regarding your treatment of the student and any continued care recommendations.

Please return your letter and questionnaire to:

For physical health treatment	For mental health treatment
<p>Please mail or email directly to the following address:</p> <p><b>Regular postal mail:</b> Campus Clinic Service Building, Duke Kunshan University No. 8 Duke Avenue, Kunshan, Jiangsu China 215316</p> <p><b>Email:</b> campushealth@dukekunshan.edu.cn</p>	<p>Please mail or email directly to the following address:</p> <p><b>Regular postal mail:</b> CAPS Conference Center, Duke Kunshan University No. 8 Duke Avenue, Kunshan, Jiangsu China 215316</p> <p><b>Email:</b> caps@dukekunshan.edu.cn</p>

The deadline for receipt of this letter is 5:00 p.m. China time May 1 for Fall Term and October 15 for Spring Term.

**THIS COVER LETTER MUST ACCOMPANY YOUR RECOMMENDATION LETTER.**

## TREATING DOCTOR'S RE-ENTRY QUESTIONNAIRE

### 学生返校问卷（治疗医生填写）

*Instructions:* This form is to be completed by the treating physician, other M.D., or licensed mental health provider. It will be reviewed by the appropriate licensed DKU Health professional. **Your assessment is important. The student's application will not be reviewed without your submitted materials.** Please respond to the questions listed below and attach a brief statement of recommendation for re-entry and a treatment summary on your office letterhead. See cover page for address of recipient of this document. Please refer to the attached document, Student Readiness to Return to Duke Kunshan: Descriptions of Certain Essential Requirements and Expectations.

此问卷需要由学生的治疗医生，精神科医生，心理治疗师，或心理咨询师填写。填写后将由昆山杜克大学专业人士审核。

您的评估对学生返校至关重要。如果没有您填写的问卷，昆山杜克大学无法对学生的材料进行审核。请如实填写以下信息，并附上有您所在单位抬头的说明信，说明您对于学生返校的建议。并将所有材料寄往第二页的地址。

请附上有医院/机构抬头以及医生盖章或签字的患者病历。

*This form must be submitted by the health care provider directly to Duke Kunshan University*

*Please Respond to All Questions*

此表格必须由治疗医生直接提交给昆山杜克大学

请填写所有问题

Full name of patient 患者姓名: \_\_\_\_\_

Are you a 您是: \_\_\_ Psychiatrist 精神科医生 \_\_\_ Other M.D. 其他科室医生

\_\_\_ Licensed Mental Health Provider 心理治疗师或心理咨询师

Did you provide treatment for the above named Patient 您是否给以上患者提供治疗/咨询? \_\_\_ Yes 是 \_\_\_ No 否

Please list the particular health conditions/concerns you diagnosed in your assessment of the patient along with treatment start date, end date, completion status and total treatment sessions.

请列出您对于该患者的诊断，以及治疗/咨询开始时间，结束时间，治疗/咨询是否已结束，以及治疗/咨询总次数。

## TREATMENT

### 治疗/咨询

	Start Date	End Date	Total Treatment Sessions	Treatment Completed?	Treatment Ended With Your Permission?
	开始日期	结束日期	治疗次数	治疗 是否完成	结束治疗 是否经过您的同意
Diagnosis #1 _____ 诊断1	_____	_____	_____	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Referral 转诊
Diagnosis #2 _____ 诊断2	_____	_____	_____	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Referral 转诊
Diagnosis #3 _____ 诊断3	_____	_____	_____	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Referral 转诊

If you referred the patient for continuing treatment for any diagnosis, to whom did you make the referral?

如果您转诊患者到其他人或机构处治疗，请提供转诊信息：

Diagnosis 诊断 #1 \_\_\_\_\_

Referred to 转诊到: \_\_\_\_\_  
    *provider name 医生姓名    professional 职业    title/position 职位    address 地址*

Diagnosis 诊断 #2 \_\_\_\_\_

Referred to 转诊到: \_\_\_\_\_  
    *provider name 医生姓名    professional 职业    title/position 职位    address 地址*

Diagnosis 诊断 #3 \_\_\_\_\_

Referred to 转诊到: \_\_\_\_\_  
    *provider name 医生姓名    professional 职业    title/position 职位    address 地址*

Please indicate any specific intensive treatment program in which student participated while on leave.

如果学生在病休期间参与过住院或高强度治疗项目，请说明。

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If the patient has not completed treatment for the any diagnosis/condition listed above and a referral was not made, are you continuing to provide treatment?    Yes    No.

如果患者还未完成治疗，也没有被转诊，您是否会继续提供治疗？   是   否

If the patient has not completed treatment, how frequently will the patient need to see you?

如果患者还未完成治疗，患者将需要见您的频率是？

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What are the continued care needs for this patient?

患者接下来的治疗需要是什么？

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If the patient is continuing treatment with you or someone else, do you believe he/she would be able to function appropriately as a student at this University **with continued treatment**?

如果患者继续在您或其他人处治疗，您是否认为患者在继续治疗的前提下，可以作为大学生正常地学习和生活？    Yes是    No否

In your assessment, do you believe he/she would be able to function appropriately as a student at this University **without that continued treatment**?

经过您的评估，您是否认为患者在不继续治疗的前提下，可以作为大学生正常地学习和生活？

   Yes是    No否

In your care of this student, do you consider there to be any safety concerns?

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以您的评估，患者是否有任何伤害自己或他人的风险？    Yes是    No否

If yes, under what conditions could this be foreseeable?

如果患者有伤害自己或他人的风险，在什么情况下会发生？

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To your knowledge, are the parents and/or legal guardian(s) of the patient aware of the problem(s) for which you have provided treatment?    Yes    No

根据您所了解的信息，患者的家长/法定监护人是否了解患者的诊断与您的治疗？   是   否

Has the patient signed the enclosed “Authorization to Disclose Health Information” granting DKU’s Student Health Services (SHS) and/or Counseling and Psychological Services (CAPS) permission to disclose health care information to you and you, in turn, to them for the purpose of determining the student’s readiness to return to DKU and continuity of care?    Yes    No

患者是否已经签署本申请包含的“健康信息告知授权书”，授权昆山杜克大学学生健康服务中心及心理健康中心与您相互告知患者的相关健康信息，以达到决定学生是否适合复学并继续接受治疗的目的？   是   否

Has the student signed, and placed on file in your home office, a “release of information” to allow you to speak directly with the review committee and/or DKU medical or counseling staff regarding the student’s readiness to return to DKU and continuity of care, should a conversation be requested? \_\_\_\_\_Yes\_\_\_\_\_No

患者是否签署“信息告知授权书”，允许您直接和昆山杜克大学复学委员会以及或昆山杜克大学医疗或心理中心员工沟通学生是否适合复学并继续接受治疗？\_\_\_\_是\_\_\_\_否

Other comments (Feel free to attach additional information):

补充说明（可附上补充证明材料）

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*Signature of Treating Professional*

治疗医生签字

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*Date*

日期

---

*Name of Treating Professional (please print or type)*

治疗医生姓名

---

*Phone Number*

联系电话

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*Hospital Name and Address of Treating Professional*

治疗医院/机构名称以及地址电话

***In accordance to Chinese law, if treating doctor/professional works for a hospital, that hospital must be above county level. Is your hospital considered county level?\_\_Yes\_No***

如果是精神科治疗，患者所治疗的医院是否为三甲医院精神科或精神专科医院？\_\_是\_\_\_\_否

# DKU's Student Health Services and Counseling and Psychological Services (CAPS)

## AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Client Name \_\_\_\_\_ Date of Birth \_\_ / \_\_ / \_\_ SIS ID \_\_\_\_\_

I \_\_\_\_\_ hereby authorize Student Health Services (SHS) and/or Counseling and Psychological Services (CAPS) of Duke Kunshan University to disclose specific health information from the records of the above named client to:

1) DKU Reinstatement Committee.

2) \_\_\_\_\_  
(Provider/Agency) (Address/Phone/Fax)

3) \_\_\_\_\_  
(Provider/Agency) (Address/Phone/Fax)

4) \_\_\_\_\_  
(Provider/Agency) (Address/Phone/Fax)

for the specific purpose(s) of: Determining my readiness to return to DKU and establishing an appropriate treatment plan or health care expectations should I be approved to return.

Specific information to be disclosed by Student Health Services and/or Counseling and Psychological Services

Furthermore, I request and authorize the above named provider/agency to release the following information back to Student Health Services and/or Counseling and Psychological Services in order to assess my readiness to return to DKU and facilitate continuity of care: \_\_\_\_\_

I understand that this authorization will expire on the following date, event or condition:

I understand that if I fail to specify an expiration date, event or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year. I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. To revoke this authorization, I must do so in writing by signing the *Revocation Section* on the back of this form. Requests to revoke this authorization should be directed to the Student Health Services and/or Counseling and Psychological Services.

I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my eligibility for services at Student Health Services and/or Counseling and Psychological Services.

I further understand that I may request a copy of this signed authorization.

\_\_\_\_\_  
(Signature of Student/Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian if under 18)

\_\_\_\_\_  
(Date)



## REVOCATION SECTION

### DKU's Student Health Services and Counseling and Psychological Services

### AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

*Please Keep This Portion for Your Records*

Please keep a copy of this sheet for your personal files. Complete it only when you are revoking your authorization to disclose health information. If you should misplace this sheet, you may request another one from the DKU's Student Health Services or Counseling and Psychological Services at (+86) 0512-36657211.

I do hereby request that this authorization to disclose health information of \_\_\_\_\_

*(Name of Client)*

signed by \_\_\_\_\_ on \_\_\_\_\_

*(Name of Person Who Signed Authorization)*

*(Date of Signature)*

be rescinded, effective \_\_\_\_\_. I understand that any action taken on this authorization prior  
*(Date)*

to the rescinded date is legal and binding.

\_\_\_\_\_  
*(Signature of Student/Client)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Parent/Guardian if under 18)*

\_\_\_\_\_  
*(Date)*

## VERBAL REVOCATION SECTION

I do hereby attest to the verbal request for revocation of this authorization by \_\_\_\_\_

*(Name of Client or Personal Representative)*

on \_\_\_\_\_. The client or her/his personal representative has been informed that any  
*(Date)*

action taken on this authorization prior to the rescinded date is legal and binding.

\_\_\_\_\_  
*(Signature of Staff)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Witness)*

\_\_\_\_\_  
*(Date)*

Requests to revoke authorization should be directed to DKU's Student Health Services or Counseling and Psychological Services at (+86) 0512-36657211.

**Student Readiness to Return to Duke Kunshan:**  
**Descriptions of Certain Essential Requirements and Expectations**

Undergraduate students wishing to return to Duke Kunshan University following a Suspension or Leave of Absence are expected to provide documentation that they are ready to resume full-time academic and campus life. The following description of certain essential requirements and expectations for academic and campus life at Duke Kunshan University is intended to help students, their families, advisors, health care professionals, or other stakeholders, as applicable, in making an informed assessment of a student's readiness to return to Duke Kunshan University.

***Academic Requirements and Expectations:***

1. Duke Kunshan University has 2 regular terms: Spring and Fall terms, each of which includes two 7-week sessions plus 1 week of final examinations per session. The unusual 7-week session calendar means that the pace of courses in the terms is accelerated compared to that at most other institutions with longer terms. Summer is reserved for CSHC courses and military training for Chinese students.
2. Each student who has not completed graduation requirements must register as a full-time student for each term enrolled. The minimum academic load in both the Fall and Spring Terms is 16 credits. Students typically take 2 or 2.5 courses each session. Overload and underload policies can be found in the UG Bulletin. Note that normally we do not allow students who have just returned from LOA to take an overload.
3. Participation in the work of a course is clearly a precondition for a student receiving credit in that course. Students who are able to be in China are expected to attend courses for which they are registered in person. A student taking an unauthorized underload or maintaining an unapproved extended absence from classes (two weeks or more without contacting the appropriate dean's office) may be required to withdraw from the University.
4. Reinstated students should proactively reach out to their academic advisor, the Office of Academic Advising, and/or the Academic Resource Center for advising sessions and coaching programs to catch up on their academic progress and plan.
5. Most courses meet for 75-minute or 2.5-hour blocks. Laboratory courses typically meet for three-hour blocks, but may vary depending on the specific course and/or course instructor. Students are expected to be present, mentally alert, and actively participating during class meetings.
6. Duke Kunshan University is a highly selective institution with rigorous courses. Students are expected to work on their own outside of formal class meetings, and the time commitment required for mastery of the material and completion of reading and assignments is significant.
7. Students are expected to submit all graded work by the due date designated by the course instructor. Extensions are not generally given, even in cases where students might have multiple assignments or tests during a short period of time. As a result, the ability to manage one's time and manage multiple tasks and deadlines is essential.
8. Students are expected to communicate with faculty promptly if problems arise and respond to faculty inquiries quickly. Failure to do so does not alter class requirements.
9. All students at Duke Kunshan University are expected to make steady progress toward completing their degree requirements. Their progress is judged by the quality of their academic work as measured by their grades or grade-point averages. Failure to maintain both a cumulative and a term grade-point average above 2.000 at the end of any academic term (for the class of 2025 and later) or earn certain minimum grades (for the classes of 2022-2024) will result in academic probation or in the student being suspended. More information on Academic Warning, Academic Probation and Academic Suspension can be found in Part 6 of the UG Bulletin.
10. A grade of Incomplete (I) can only be assigned at the end of a session for cases in which, due to some cause beyond the student's reasonable control, the work of the course has not been completed or the final examination has been deferred. An incomplete grade will not be authorized if the student has a history of excessive absences or failure to complete coursework in a timely fashion in the course in question. If the request for an I grade is approved by the instructor in the course, then the student must satisfactorily complete the work by the last class day of the fifth week of the subsequent seven-week session except when

an earlier deadline has been established by the instructor. An I assigned in the second session of fall or spring must be resolved in the first session of the succeeding spring or fall term, respectively. An I assigned in the summer must be resolved in the succeeding fall term. If the I is not completed by the deadline, it will convert to an F.

***Campus Residence Life Requirement and Expectation:***

Students who are able to be in China are expected to live on campus or in residence buildings operated by the university during their stay at Duke Kunshan University, except for when they are on study away programs. Single rooms are not always available. Students must comply with other student life policies, including any COVID testing requirements and regulations.

*Note: The University applies its leave of absence, suspension, withdrawal, and reinstatement policies and associated procedures in a nondiscriminatory manner, in consultation with qualified professionals, as appropriate, and makes each reinstatement or readmission determination based on an individualized assessment of that student's situation and what is in the best interests of the student, the campus community, and the University.*