

Statement of Reasonable Cause to Remove Student from the Educational Setting

Student Name: _____ Date: _____ Time: _____

Department/Location: _____ Reporting Physician: _____

Description of incident requiring removal from the educational setting:

Has there been evidence of any of the following that negatively affects the student's behavior/performance:

- Bloodshot eyes, staggering gait or other physical manifestation of impairment
- Pattern of absenteeism, especially on Monday
- Pattern of tardiness
- Alcohol odor on breath
- Deterioration of basic science or clinical performance
- Mood, personality, and/or behavioral changes
- Disruptive behavior
- Appearing anxious or depressed
- Deterioration of personal hygiene
- Irritability
- Hyperactivity
- Isolation
- Impulsiveness
- Irrational behavior
- Complaints from others (medical staff, medical students, other faculty)
- Complaints from patients
- Any other legitimate concern potentially adversely impacting the students behavior/performance (please specify): _____
- Other (please specify): _____

Signature

Date