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 student’s behavior/performance (please specify): ____________________________________________
____ Other (please specify): ________________________________________________

________________________________________  _____________________________
Signature                                      Date

Approved by Dean’s Advisory Committee: September 21, 2010