

Upper Cape Cod Regional Technical School

220 Sandwich Road-Bourne, MA 02532

508 759-7711 ext. 208- School Nurse

508 759-7208- FAX

Medical Re-Entry Form to Vocational Educational Setting

Please note student safety is a paramount concern. Activity in a vocational technical education program is unlike participation in a traditional academic classroom. To that end, we require that students **returning to school after *NON-ROUTINE* medical treatment of any kind** (i.e. hospitalization, emergency room visit, etc.) must provide medical documentation of the student's conditions, clearance for reentry to school, and any limitations.

Name of Student: _____ Vocational Program _____

Medical Diagnosis/Treatment: _____

Please complete the following information and return to the fax number above. All sections must be filled in, signed, and dated.

1. Is the student safe to return to the vocational education setting? Y N Date: _____

Next appointment date: _____

2. Student is released to:

full participation without limitations Date: _____

modified participation from (date): _____ through (date): _____

modified hours ---specify: from (date): _____ through (date): _____

3. Specify limitations below:

Identify any factors/medications/conditions that would impair the student's ability or judgement while working with heavy machinery (such as drills, electric saws, torches, cutlery, ovens, stoves, etc.) and the corresponding limitations with dates.

If none, write "none".

4. Physical Demands and Activities

	Y	N	If no, list limitations		Y	N	If no, list limitations
Bending				Lifting with limit of _____ lbs			
Carrying				Pushing and Pulling			
Climbing Ladders				Reaching			
Climbing Stairs				Reaching Overhead			
Crawling				Sitting			
Computer Use				Standing			
Kneeling				Squatting			

5. Requires assistive device(s):

___ crutches

___ wheelchair

___ orthopedic brace

___ none

Signature of physician/clinician

Printed physician/clinician name

Date
