



Selah School District No. 119
Sharon Steffen Conrad RN Shanee Andreas RN
Selah School District Nurses

316 W Naches, Selah Washington 98942 509-698-8182

MEDICAL CLEARANCE TO RESUME SCHOOL

Student: _____

Birthday: _____

School: _____

Grade: _____

SUMMARIZE SIGNIFICANT or APPLICABLE MEDICAL HISTORY:

DIAGNOSIS:

LICENSED HEALTH CARE PROVIDER CLEARANCE TO RESUME SCHOOL ATTENDANCE:

The above named student is **medically cleared to resume school as of (date)** _____
with accommodations for the following medical needs, restrictions or precautions as specified.
(If any are checked below, please detail under "Comments".)

- | | |
|--|--|
| ☐ No restrictions | ☐ Resume previous Health Care Plan (attached when applicable) |
| ☐ Specialized equipment | ☐ Alter HCP as specified below |
| ☐ Preferential seating | ☐ Shortened school day/week (see below) |
| ☐ New Medications or treatment orders | |
| ☐ Activity restrictions (PE or playground) until (date) _____ | |
| ☐ Other: _____ | |

COMMENTS: _____

LHCP signature

Date

LHCP name (please print)

Clinic Name

Address, City, State, Zip

Phone

Fax