

# Re-Entry Medical Clearance Form

Any student who was absent from school due to a Medical trauma/incident, must be cleared via their Doctor using this form prior to returning to school.

27J Schools  
18551 E. 160<sup>th</sup>  
Brighton CO 80601  
303-655-2900 (Phone)  
303-655-2875 (Fax)

Please fax form to \_\_\_\_\_

Name of student \_\_\_\_\_ Date of birth \_\_\_\_\_

School currently attending \_\_\_\_\_ School Phone number \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_ Date of injury, illness, surgery \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
School Representative

Student may return to school with no limitations or restrictions on: \_\_\_\_\_

Student may return to school on \_\_\_\_\_ with the below mentioned restrictions and limitations.

## Limits and Restrictions:

Weight bearing \_\_\_\_\_

Duration of activity per day \_\_\_\_\_  Lifting limitations & restrictions \_\_\_\_\_

Duration of standing activities \_\_\_\_\_  Walking duration & restrictions \_\_\_\_\_

Seated activity & restrictions \_\_\_\_\_  Activities to be specifically avoided \_\_\_\_\_

Physical Education class \_\_\_\_\_  Recess \_\_\_\_\_

**Brief Surgical summary/Comments/Other Accommodations, (crutches, wheelchair, ice,...):**

\_\_\_\_\_  
Health provider Printed Name/Stamp

\_\_\_\_\_  
Health Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Provider Address

\_\_\_\_\_  
Health Provider Contact Number