

**Great Oaks Health Professions Academy Medical Verification Form
To the Health Care Professional: PLEASE READ**

I have this day ____/____/____, given (print student name) _____ a thorough physical examination, and based on my findings, which include medical history and physical examination, I believe they are physically and mentally able to undertake the CCMA, MAA, Phlebotomy, or Pharmacy Technician programs at Great Oaks Health Professions Academy. The student is in good health. They are free of any communicable disease, can lift 50 lbs., and have no known deficits that would interfere with their ability to participate in a clinical setting.

It is essential that students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to care for patients, stand for several hours at a time, and perform bending activities. The clinical experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties affecting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

Does the student have any limitations that will interfere with patient safety? Yes or No

- **If yes, please explain:**

Healthcare Provider Signature: _____
Licensed Healthcare Provider (M.D., D.O., N.P., Or PA.)

Office Stamp

**Healthcare
Provider**

Or

Healthcare Provider Name _____ Telephone Number _____

Address: _____ Zip Code: _____