



**Release to Return to Participate in 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. Students spend 2 weeks in their vocational program at one time. To that end, we require that students **returning to school after NON-ROUTINE medical treatment**, of any kind, (including but not limited to an emergency room visit, mental health assessment, or hospitalization) **must provide medical documentation of the student's condition, clearance for reentry to school, and any limitations.**

<b>Name of Student</b>	<b>ID#</b>	<b>Vocational Program</b>
<b>Medical Diagnosis:</b>		

**All sections must be filled in, signed, and dated.**

<b>1. Is the student safe to return to the vocational education setting?</b>	Y <input type="checkbox"/> N <input type="checkbox"/>	On (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 judgment 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. Does Student require assistive devices/braces/etc? If YES, please specify:**

**5. Any medications prescribed during school time for this condition?**    Y    N    If Y, please provide dated order

**6. Physical Demands and Limitations:**

Activity	may	May not	Note	Activity	May	May Not	Note
Bending				Pushing/Pulling			
Carrying				Reaching			
Climbing ladders				Reaching overhead			
Climbing stairs				Sitting			
Using fingers				Standing			
Lifting floor to waist				Squatting			
Lifting overhead				Computer use			

<b>Signature (MD, NP, PA)</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Telephone #:</b>	<b>Fax #:</b>
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