

**BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL  
DENTAL ASSISTING PROGRAM  
207 Hart Street, Taunton, MA 02780**

**Health Clearance Form**

**DOCUMENTATION ON THIS FORM IS REQUIRED. ALTERNATIVE DOCUMENTATION WILL NOT BE ACCEPTED.**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Health Care Provider:

For the protection of students, patients, faculty and others, nursing students must provide documentation that they can fully participate in the program of study. This includes being able to meet the demands of mentally, physically, and emotionally providing patient care in the clinical setting.

*Impaired means the inability to dental assisting with reasonable judgment, skill and safety by reason of alcohol or drug abuse, use of other substances, a physical or mental illness or condition, or by any combination of the foregoing. (Adapted from Massachusetts Regulation: 244 CMR 9.00)*

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**TO BE COMPLETED BY THE HEALTH CARE PROVIDER:**

This is to verify that the above named student, was examined by me and found to be:

\_\_\_\_\_ Well student with no conditions/impairments identified that would limit this student's ability to fully participate in all activities of the Dental Assisting Program.

\_\_\_\_\_ Conditions/impairments have been identified that would prohibit this student's ability to fully participate in the activities of the Dental Assisting Program.

Please identify any conditions or limitations that would/may affect this student's ability to fully participate in the Dental Assisting Program:

By signing below, I, the Health Care Provider, verify the above documentation.

Signature of Health Care Provider:	
Date:	
Printed Name:	
Address:	
City/Town, State:	
Telephone:	

All student information is confidential. Return to Bristol-Plymouth Reg. Tech. School, Attn. Joyce Contois, 207 Hart Street, Taunton, MA 02780 (student may hand deliver or fax to 508-822-2687)