

Medical Re-Entry Form

Student: _____ Date: _____

Technical Program: _____ Diagnosis _____

Dear Healthcare Provider:

Due to the nature of the technical curriculum, students perform shop/work duties in their course of study. Please answer the following questions so we can ensure that the student is able to participate and work safely in the school and shop environment:

No Restrictions - Able to return to physical education, sports related activity, and shop duties

Partial Restrictions - May perform light duties (passing out tools or trays, sweeping, bed making, working a cash register)

Observe the following restrictions until: _____

Lifting with a limit of: _____ lbs.

Standing/walking with a daily limit of:
 none 3-4 hours 4-6 hours

Repetitive motion(s) to avoid:
 bending climbing twisting
 squatting pulling kneeling
 other: _____

Requires assistive device(s):
 crutches wheelchair orthopedic brace
 other: _____

Additional notes and limitations: _____

Follow-up Exam to be performed on: _____

Provider's signature: _____ **Date:** _____

Provider's printed name: _____

Medical Facility name: _____ **Phone Number** _____

Parent/Guardian's signature: _____ **Date:** _____

Parents must call the Nurses' Office to inform us of any injury and plan for return to school. Students must have this form signed or a doctor's note to be in school with any assistive/orthopedic devices.