

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:** _____

Please attach medical facility discharge paperwork/medication orders/or any other information necessary and return to Nurses' Office