

# Practical Nursing Program

## Medical Permission to Return to Classroom/Clinical or Participate in Clinical



**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complete the table below with the information from your schedule:**

1. Number of hours of class/day
2. Type of activity (e.g. sitting, on feet all day)
3. Specify for clinical days type of clinical setting and expectations

Monday	Tuesday	Wednesday	Thursday	Friday

***A health care provider must complete the following information prior to returning to class or clinical.***

Student Name

\_\_\_\_\_ is medically cleared to return to class/clinical with no restrictions.

***OR***

Student Name

\_\_\_\_\_ is medically cleared to return to class/clinical with the following restrictions: (Please list restrictions).

***OR***

Student Name

\_\_\_\_\_ is **not** medically cleared to return to class/clinical.

**Health care provider signature & date:** \_\_\_\_\_

Clinic name and address: \_\_\_\_\_

**A stamp from the clinic is required:**

*A member of the Minnesota State Colleges and Universities system.*

This information is available in alternative formats by calling 763-433-1100. TTY users can call Minnesota Relay at 800-627-3529. Anoka Technical College is an equal opportunity, affirmative action employer and educator. 1/23