

Vanderbilt University School of Nursing

Student Medical Clearance Form

Student Information

- **Student Name:** _____
- **Date of Birth:** _____
- **Program/Cohort:** _____

Clinical Responsibilities

The above-named student is assigned to clinical rotations that may include, but are not limited to:

- Providing direct patient care under supervision
- Assisting with activities of daily living
- Lifting, turning, and transferring patients
- Ambulating patients
- Performing clinical procedures and skills such as taking vital signs, specimen collection, and basic assessments
- Documenting patient care activities
- Participating in clinical learning activities requiring prolonged standing and walking

Medical Evaluation

Limitations or Restrictions (if any):

- No limitations
- The following limitations apply:

These restrictions are:

- Temporary until (date): _____
- Permanent

Return to Clinical Setting

After having reviewed the accompanying clinical responsibilities, the student may return to the clinical setting and participate in clinical practice sessions fully and safely without jeopardizing their own or others' health or well-being on:

Return Date: _____

Full participation in all clinical activities

Participation with the restrictions noted above

Treating Provider Information & Signature

- **Provider Name:** _____
- **Practice/Facility:** _____
- **Phone Number:** _____
- **Address:** _____

Provider Signature: _____

Date: _____