

Medical Clearance for Safe Clinical Practice

Date:

To the Primary Care Provider:

\_\_\_\_\_ a student in the Associate Degree Nursing Program at Austin Community College, needs to have written verification from his/her physician that he/she can attend clinical on \_\_\_\_\_. By completing this form, you indicate that this student can perform full duties in the clinical setting.

(add dates)

If you feel that it is safe for the student to perform all of these duties without restrictions, please indicate this by your signature. If you have any questions, please call \_\_\_\_\_ at \_\_\_\_\_ (clinical instructor)

**The student must be independently able to:**

- Stand for long periods of time (8-10 hours). The student may be attending clinical one to three days a week.
- Lift up to 30 lbs.
- Demonstrate adequate coordination, balance, speed and agility to assist and safely guard patients who are walking or performing other activities.
- Move, adjust and position patients or equipment.
- Assume patient assignments of a maximum of three acutely ill medical-surgical patients or mentally ill patients.

**Cannot be under the influence of any medication (prescription, OTC) that may alter judgment and/or interfere with safe performance in a clinical setting.**

It is my judgment that \_\_\_\_\_ can perform required physical duties in the clinical setting as outlined above without restriction.

(student name)

\_\_\_\_\_  
Primary Care Provider Name (Printed)

\_\_\_\_\_  
Primary Care Provider Signature

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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