

**Ball State University
School of Nursing**

MEDICAL RELEASE FORM

Name _____ Date _____

Diagnosis _____

Date Hospitalized: *From* _____ *To* _____

Surgery _____ Date _____

Date released to return to class and/or clinical _____

RECOMMENDATIONS:

_____ May return to CLASS only

_____ May return to CLASS and CLINICAL with restrictions *

_____ May return to CLASS and CLINICAL with **no** restrictions

* Identify any limitations or restrictions _____

Please CHECK all of the following which are pertinent.

_____ This student may lift patients.

_____ This student may sit in class for 3 to 5 hours.

_____ This student may stand for long periods of time.

_____ This student may climb stairs.

_____ This student may give emotional support to clients.

Signature of M.D. or Therapist