

# Nursing Program Medical Release Form

Date: \_\_\_\_\_

Physician Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Re: Release Request for Student:** \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

\_\_\_\_\_, a patient of yours, is a student in the Nursing Program at De Anza College. Upon successful completion of the program, he/she will be a candidate for licensure as a Registered Nurse.

\_\_\_\_\_ notified our school of his/her recent injury/surgery/situation. In view of the physical duties and mental acuity at which our students are required to perform in the clinical area, it is important that we be assured of his/her ability to implement patient care safely and competently.

We also need assurance of this student's own personal safety in clinical areas that require physical and emotional fortitude, for example: lifting, transferring, positioning and ambulating medical-surgical patients, and working with potentially violent and emotionally unstable psychiatric patients.

Please complete the enclosed release form stating that the student is physically, mentally, and emotionally well enough to perform safely and competently in the health-care setting. **An immediate reply is essential, as it may affect the student's status in the Nursing Program. The student will not be allowed to return to the clinical setting until your letter is received.**

Thank you for your prompt attention to this matter.

Sincerely,

Judith Clavijo, RN, MSN  
Director of Nursing

# Release Request Form

***Physician: Please read the enclosed letter from the Executive Head of Nursing, De Anza College prior to completing this form!***

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check one:**

\_\_\_\_\_ is physically, mentally, and emotionally cleared to return to clinical duties with NO limitations.

\_\_\_\_\_ is physically, mentally, and emotionally cleared to return to clinical duties WITH the following limitations:

_____ lifting, limited to _____ pounds	_____ no lifting
_____ no bending	_____ no sitting
_____ no squatting	_____ no standing
_____ no pushing	_____ no pulling
_____ no reaching	
_____ Other (please specify): _____	

\_\_\_\_\_ is NOT cleared to return to clinical duties.

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\_\_\_\_\_  
Physicians Name

\_\_\_\_\_  
Address

( ) \_\_\_\_\_  
Telephone

Please fax this form to the De Anza College Nursing Department, ATTN: Executive Head, Nursing, (408) 864-5630, or give to the student to return.

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