

**PHYSICIAN MEDICAL CLEARENCE FORM**

If your child has gone to the emergency room or has been hospitalized, the doctor must complete all 3 parts of this form before they can return to school.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates of Hospitalization and Recovery Period: \_\_\_\_\_

1. Reason for ER treatment/hospitalization : \_\_\_\_\_

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

2. Child is medically cleared to return to school ( or will no longer be contagious) on what date:

\_\_\_\_\_

3. Weight Bearing Status: \_\_\_\_\_

4. Activity Status:

	YES	NO
* Child can ascend and descend stairs	<input type="checkbox"/>	<input type="checkbox"/>
* Child can participate in adaptive Physical Education	<input type="checkbox"/>	<input type="checkbox"/>
* Child can resume all pre illness activities Which may include OT and/or PT	<input type="checkbox"/>	<input type="checkbox"/>

If no, what restrictions: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_