

Release to return to participate in Vocational Education Setting & Student Activities

i. Push/pull

11. Student has the following environmental limits:

- a. Exposure to dust Yes No Comments:
- b. Exposure to fumes Yes No Comments:
- c. Exposure to smoke Yes No Comments:
- d. Exposure to heat/cold Yes No Comments:
- e. Exposure to noise Yes No Comments:
- f. Exposure to heights (ladder use) Yes No Comments:
- g. Other _____ Yes No Comments:

12. Student has the following visual/communicative limitations:

- a. Acuity(near/far); Depth; Color; Field Yes No Comments:
- b. Hearing Yes No Comments:
- c. Speaking Yes No Comments:

13. Student has the following cognitive/mental limitations:

- a. Understanding Yes No Comments:
- b. Remembering Yes No Comments:
- c. Sustained concentration Yes No Comments:
- d. Following through on instructions Yes No Comments:
- e. Decision making Yes No Comments:
- f. Responding to supervision/ instruction Yes No Comments:
- g. Relating to peers Yes No Comments:
- h. Other _____ Yes No Comments:

14. Student has limitations due to the following conditions (indicate limitations):

- a. Rash Yes No Comments:
- b. Burn Yes No Comments:
- c. Cut Yes No Comments:
- d. Bruise Yes No Comments:
- e. Sprain/Strain Yes No Comments:
- f. Other: _____ Yes No Comments:

15. Other functional limitations or modifications necessary in student's participation including duration and frequency of rest periods. If none, write "none".

16. Medications prescribed. Yes No

Medication	Dosage	Administered at school?	Time	Limitations for operating machinery	Side effects
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional comments may be written below.

Signature of physician	Physician's printed name	Date
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Additional Comments

For Administrative Use Only

Received by:	Date Received:	Date Expires:
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