OLD COLONY

REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL DISTRICT
476 North Avenue, Rochester, Massachusetts 02770-1899
Telephone: 508-763-8011 • Fax: 508-763-9821

MEDICAL RE-ENTRY FORM TO VOCATIONAL EDUCATIONAL SETTING

Please note student safety is a paramount concern. Activity in a vocational-technical education program is unlike participation in a traditional academic classroom. To that end, we require that students returning to school after **NON-ROUTINE medical treatment of any kind** (I.E. hospitalization, emergency room visit, etc.) must provide medical documentation of the students' conditions, clearance for re-entry to school, and any limitations.

Student's Name:		**Vocational Program:**	
Medical Diagnosis/Treatment:			
1. Is the student safe to return to the vocational education setting?		☐ YES	☐ NO
Return Date:		Date(s) Excused:	
2. Student is released to:			
☐ Full Participation without limitations		Date:	
☐ Modified participation from (date):		through (date):	
☐ Modified hours - specify: from (date):		through (date):	
3. Specify Limitations below: Identify any factors/medications/conditions that would impair the student's ability or judgment while working with heavy machinery (such as drills, electric saws, torches, cutlery, ovens, stoves, etc.) and the corresponding limitations with dates. If none, write "none".			

4. Physical Demands and Activities:

	Y	N	If no, list imitations		Y	N	If no, list limitations
Bending				Pushing and Pulling			
Carrying				Power Tool usage			
Climbing Ladders /Elevated Surfaces				Lifting with a limit of _____ lbs.			
Climbing Stairs				Reaching/Reaching Overhead			
Crawling				Sitting			
Computer Use				Standing			
Kneeling				Squatting			

5. Requires assistive device(s): ☐ Crutches ☐ Wheelchair ☐ Orthopedic Brace ☐ None

Signature of Physician/Clinician:	Printed Physician/Clinician Name:	Date: