

Healthcare Student Health and Safety Documentation Checklist

Healthcare Statement of Clearance for Participation in Clinical Practice

Instructions for Completion of Healthcare Statement of Clearance Form

A healthcare provider must sign the Healthcare Provider Signature Form within six (6) months of start date and indicate whether the applicant will be able to function as an Allied Health and/or Nursing student. Healthcare providers who qualify to sign this declaration include a License Physician (M.D., D.O.), a Nurse Practitioner (N.P.), or Physician's Assistant (P.A.). This declaration should not impede students with disabilities from applying or being accepted into the program.

(Please Print)

Applicant Name: _____ **Student ID Number:** _____

It is essential that healthcare students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical Allied Health and/or Nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. This declaration should not impede students with disabilities from applying or being accepted into the program.

I believe the applicant (print name): _____ Date: _____

_____ WILL OR _____ WILL NOT be able to function as an Allied Health and/or Nursing student as described above.

If not, explain: _____

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____