MONTACHUSETT REGIONAL VOCATIONAL TECHNICAL
PRACTICAL NURSING PROGRAM

HEALTH CLEARANCE (within **1 yr**. of starting program)

Name of PN Student: _____ Date of Birth: _____

For the protection of students, patients, faculty, and other personnel, individuals accepted to the Practical Nursing (PN) Program must provide documented proof of specific immunizations and/or immunity as appropriate, as well as completing a comprehensive screening for substances of potential impairment or abuse. Certain clinical agencies have immunization requirements that exceed those of the MA Department of Public Health and as a result, the Program cannot make any exceptions. Failure to provide all required documentation may exclude the PN student from clinical practice and participation in the Program.

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

This is to verify that _____, was examined by me on _____.
(Print Student Name) (Date of exam)

Please check one of the following summary of findings:

☐ Well student; no conditions identified that would limit the ability to participate in the PN program and safely perform nursing activities.

☐ Conditions have been identified that would limit the ability to participate in the PN program and perform nursing activities. The identified condition(s) does not pose a risk to safe nursing practice. *Please identify condition, limitations, rationale for, and duration of the specific limitations.*

By signing below, I find them free of any health impairment which is of potential risk to students, patients, faculty, and other personnel and which might interfere with the safe performance of their nursing student responsibilities, with or without reasonable accommodation. Habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances that may alter the individual's behavior has been considered in this evaluation.

Signature* of Examining Healthcare Provider: _____

(*Stamp in NOT acceptable in place of signature) Date: _____

Stamp, copy of letterhead, or business card may be used for the following required information:

Print or type name

Office or Agency

Address

Telephone number