



Medical Clearance Form

Medical Clearance is required for students following a faculty referral to a Health Care Provider for an injury or illness which occurs during enrollment in the nursing program.

_____ is a current nursing student in the
(Print Student's First and Last Name)
Grossmont College Nursing Program.

Nursing students are frequently exposed to a variety of conditions which include, but not limited to, standing for a length of time, lifting, blood and body fluids, and infectious processes.

Due to their recent medical condition, Health Care Provider's clearance is required for attendance and participation in the nursing program.

Please check below the areas that the student may attend and participate in.

The student may attend and participate fully in the Nursing program which includes:

- class
- nursing clinical
- nursing skills lab

If not checked above,

Please describe the restrictions and anticipated length of restrictions that are recommended.

By signing, I acknowledge that I have cleared the student for attendance of Grossmont College Nursing program in the areas checked above.

Health Care Provider's
signature: _____

Date: _____

Health Care Provider Stamp

Effective: 07/ 2015

Revised: 06/2020