

MEDICAL RESTRICTION FORM

FROM: Rosemary Papke
Medical-Science Instructor
Rockford Public Schools

TO: Physicians of Medical-Science Students

Dear Physician,

In order to participate in the Medical-Science Class of the Rockford Public Schools, I need to know if the student has any medical restrictions that would interfere with the nursing assistant training component of the class. This would include transporting patients. Please sign the correct line below indicating whether or not the student has any restrictions and if so, what specific restrictions the student has.

Thank you

YES, the student has medical restrictions. The specific restrictions are:

Physician Signature

Date

NO, the student does not have any medical restrictions that would interfere with this course.

Physician Signature

Date