

Medical Accommodation/Clearance Form

Please fill out the information requested below to ensure student safety in school and in vocational program.

Name/DOB: _____ Date: _____
Vocational Program: _____ Grade: _____

Medical Diagnosis: _____

Expected Length of Disability: _____

Academic Accommodations

- Full participation
- Additional time to complete academic work
- No computers or screens
- No standardized testing
- Allow breaks to nurses office as necessary

Other: _____

Vocation Program Accommodations

- Full participation
- Additional time to complete tasks
- Passive participation/observation only
- Book work only
- Allow breaks to nurses office as necessary

Other: _____

Physical Education Accommodations

- Full participation
- No participation
- Upper extremity exercises only
- Lower extremity exercises only
- No swimming

Other: _____

Sports Accommodations

- Full Participation
- No participation
- Upper extremity exercises only
- Lower extremity exercises only
- No contact sports

Other: _____

YES NO

Student has been cleared of injury and may participate in all activities without restrictions.

Provider Name/Signature: _____ Date: _____

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