



Certification of Medical Clearance

To M-State Nursing department:

This is to certify that _____ Student ID # _____



Vision:

_____ Has visual ability sufficient for observation, assessment, and performance of safe nursing care.

Tactile:

_____ Has tactile ability sufficient for physical assessment, inclusive of size, shape, temperature, and texture.

Psychosocial behaviors:

_____ Possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, and the prompt and safe completion of all responsibilities.

Environmental Adaptability:

_____ Ability to tolerate environmental stressors.

Example: Work with chemicals and detergents, tolerate exposure to odors, work in close proximity to others.

Restrictions: _____

Duration of limitations _____

I certify that _____ is able to meet all standards and participate in all patient care/lab activities without restrictions on ___/___/___.

Print Name and Credential

Date

Signature

Facility where student was treated