



PARK
UNIVERSITY
Ellen Finley Earhart
Nursing Program
W-A-Y6-18A

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|---|
| HEALTH RELEASE FORM following Extended ILLNESS or HOSPITALIZATION |
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| Student's Name |
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|--|----------------------------------|--|
| 1A. May participate in regular classroom activities | | |
| | Without restriction | |
| | With the following restrictions: | |
| | 1. | |
| | 2. | |
| | 3. | |
| 1B. May NOT Participate in regular classroom activities | | |

| | | |
|--|----------------------------------|--|
| 2A. May participate in regular clinical activities, duties and assignments - | | |
| | Without restriction | |
| | With the following restrictions: | |
| | 1. | |
| | 2. | |
| | 3. | |
| 2B. May NOT Participate in regular activities, duties, and assignments. | | |

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|--|--|
| Physician's name (Please Print or type) | |
| Physician's address (street, city, state, & zip) | |
| Physician's signature & DATE | |

NOTE: If there is a change in status during illness/pregnancy, a new form must be completed.