

Certification of Medical Clearance

To M-State Nursing department:

This is to certify that _____ Student ID # _____

Has been under medical care of _____ from _____ to _____.

S/HE is able to safely perform the following abilities: (Initial what s/he is able to perform)

Cognitive Perception:

_____ 1. Is able to perceive events realistically, to think clearly and rationally, and to function appropriately in routine and stressful situations.

_____ 2. Is able to independently and accurately assess or contribute to the assessment of a client.

Example: Can identify changes in the client's health status and prioritize multiple nursing activities in a variety of situations.

Critical Thinking:

_____ 1. Is able to learn and reason: to integrate, analyze and synthesize data concurrently.

_____ 2. Is able to solve problems rapidly, consider alternatives, and make a decision for managing or intervening in the care of a client

Example: Is able to make effective decisions in the classroom and clinical setting, will be able to develop/contribute to the nursing care plans accurately reflect client concerns.

Motor Skills/Mobility:

_____ Possesses ambulatory capability sufficient to maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a client.

Examples: Able to lift 25 pounds, safely perform CPR (able to apply 25# pressure), position clients, reach manipulate and operate equipment/instruments, move/lift clients in bed, propel wheel chair, bend in all directions with normal range of motion.

Activity Tolerance:

_____ Ability to tolerate lengthy periods of physical activity.

Hearing:

_____ Has auditory ability sufficient to hear normal conversation and or assess health needs.

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