

Release to Return to Clinical Activity

Students in the Nursing Program at OSU-OKC are required to participate in provision of direct patient care in clinical facilities as well as perform clinical skills in a nursing laboratory. Any student who currently has a health issue or who experiences a change in health status (surgical procedure, pregnancy, delivery, immunosuppression, disabling illness, etc.) that could impact the ability to provide safe and effective patient care is required to provide documentation from a health care provider which states that the student is able to meet the physical requirements to attend and participate in clinical experiences. These requirements include:

1. Visual acuity, such as is needed in the accurate preparation and administration of medications, and for the observation necessary for patient assessment and nursing care.
2. Auditory perception to receive verbal communication from patients and members of the health team and to assess health needs of people using monitoring devices such as stethoscopes, intravenous infusion pumps, cardiac monitors, fire alarms, etc.
3. Gross and fine motor coordination to respond promptly and to implement the skills required in meeting patient health care needs safely. These include, but are not limited to, manipulation of equipment and performance of CPR.
4. Intellectual function, cognitive, psychological, and emotional stability to plan, implement, and provide safe care for patients.
5. Physical strength to assist in lifting and/or positioning patients and/or medical equipment.

This is to verify that _____ has been under my care for the treatment of illness, pregnancy, delivery, disease, or injury. I have determined that this student may return to participation in clinical experiences which require the physical abilities as outlined above

with no restrictions.

with the following restrictions: _____

Health Care Provider Signature: _____ Date: _____

Printed Name: _____

Address: _____

As a student, I understand that limitations may prevent me from successfully completing the clinical requirements.

Student Signature: _____ Date: _____

FOR CONFIDENTIAL FILE:

RETURN TO: Oklahoma State University, Oklahoma City
Nurse Science Department
440 N. Portland Ave
Oklahoma City, OK 73107
Phone: 405.945.3210
Fax: 405.945.8613