

Modesto Junior College
Associate Degree Nursing Program

HEALTH RELEASE FORM
STUDENT AUTHORIZATION

I, _____, hereby authorize Dr. _____
to release any requested medical information regarding my ability to function in the Modesto
Junior College (MJC) Associate Degree Nursing (ADN) Program. I further give my permission
for my physician(s) to discuss my health status with representatives of the ADN Program if
they contact my physician or health care team to clarify my health status and/or fitness for
student nursing duty.

Student's signature

Date

PHYSICIAN'S RELEASE TO CLINICAL FUNCTIONING

The above named student is my patient related to:

Pregnancy Childbirth Surgery Illness Injury Other

I understand that this student is currently enrolled in the MJC Associate Degree Nursing
Program, which requires students to be healthy, and in good physical condition. I understand
that the program is not able to make arrangements for "light duty."

Activities and physical abilities that are required of students in the clinical/hospital setting
include, but are not limited to:

Lifting- 25 pounds
Transferring - 50 pounds
Bending, stooping, kneeling
Pushing, pulling
Walking
Standing for prolonged periods, may take breaks (shifts may include 12 hours)
Reaching
Hearing acuity (average)
Visual acuity (average)
Manual dexterity
Tactile ability- sufficient for patient assessment
Equipment operation- transfer devices, monitors, computers, etc.

The student will be fully released and able to meet the forenamed physical expectations as
of _____ (date).

Physician's Signature

Date

License # _____