

Modesto Junior College  
Respiratory Care 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) Respiratory Care Program. I further give my permission for my physician(s) to discuss  
my health status with representatives of the Respiratory Care 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

Disease

Injury

Other

I understand that this student is currently enrolled in the MJC Respiratory Care 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 # \_\_\_\_\_