

Dear Physician:

In an interest to keep the below mentioned student safe and healthy after extended absences, medical procedures and/or injuries we request that this form be completed. This form **must be** filled out and returned to the **therapists** in order for the student to re-start therapies. **The student will not be permitted to engage in OT/PT services until this form is completed and returned.**

Student Name: _____ Date of Absences: _____

Reason for Absence: _____

Diagnosis: _____

RESTRICTIONS: (Please check all that apply)

- _____ Cardio/Respiratory _____
- _____ Neurological _____
- _____ Seizure _____
- _____ Skin Integrity _____
- _____ Gastrointestinal _____
- _____ Surgical _____
- _____ Orthopedic _____
- _____ (weight bearing status) _____
- _____ OTHER _____

The Student ...

	CAN resume OT/PT services with <u>NO</u> restrictions
	CAN resume OT/PT services with <u>ABOVE</u> restrictions
	CAN NOT resume OT/PT services until:
	CAN participate in therapeutic swimming if deemed appropriate by therapists (if applicable)
	CAN NOT participate in therapeutic swimming program (if applicable)

Physician's Signature

Date

Service and Innovation Through Partnership