Angeles Institute, LLC
WHERE FUTURE NURSES START

MEDICAL CLEARANCE FORM

STUDENT INFORMATION

Name: _____ DOB: ____ / ____ / ____

Diagnosis: _____

TYPE OF CLEARANCE

☐ Student is fully cleared to return to school without restrictions, performing their usual duties and hours, on ___ / ___ / _____.

☐ Student is cleared to return to school on ___ / ___ / _____, with the following restrictions:

_____

_____

_____

_____

COMMENTS

_____

_____

_____

_____

MEDICAL PRACTITIONER'S DETAILS

Signature: _____ Physician Office Stamp

Name: _____

Office Address: _____

Office Phone: _____

Office Fax: _____

Date: / /

17100 PIONEER BLVD, SUITE 170
ARTESIA, CA 90701
PHONE: 562-531-4100
FAX: 562-531-4140