SENTARA®
College *of* Health Sciences

1441 Crossways Blvd., Suite 105
Crossways I
Chesapeake, VA 23320
Tel: (757) 388-2900
Fax: (757) 388-2905
www.sentara.edu

FITNESS FOR DUTY/HEALTHCARE PROVIDER STATEMENT

COMPLETED BY STUDENT: RELEASE OF INFORMATION

Student Name: _____ Program: _____ Course: _____
(First) (Initial) (Last)

Reported health condition:
_____

I consent to the release of medical information requested with regard to the health condition referenced above.

Signature: _____ Date: _____

____ ABILITY TO PERFORM ESSENTIAL PHYSICAL REQUIRMENTS

1. Describe illness/injury/surgery/hospitalization: _____
   _____ Date(s):_____
2. Does condition require frequent periods away from school/clinical? _____ (If yes, please explain)
   _____
3. Is this individual taking medications that may cause drowsiness or other impaired mental status or physical symptoms while at school/clinical/hospital settings? _____ (If yes, please explain)
   _____

The following are physical requirements of a student in Sentara School of Health Professions. If this student has any limitation(s), please check that activity and specify the limitation(s) in the comment column.

Essential Physical Requirements	√	COMMENTS
Standing/sitting		
Walking		
Climbing		
Bending		
Crouching		

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Pushing/Pulling		
Carrying		
Lifting/Lowering 1-15 lbs.		
15-30 lbs.		
30-50 lbs.		
Over 50 lbs.		
Fine Hand/Eye Coordination		
Color Discrimination		
Hearing Acuity		

Please check of the following "fit for duty" status based on limitations **(check all that apply AND INDICATE EFFECTIVE DATE)**:

May return to:	Without Limitations	With Limitations indicated above	Not cleared
Skills lab & simulation activities	☐ Date: _____	☐ Date: _____	☐ Date: _____
Clinical setting	☐ Date: _____	☐ Date: _____	☐ Date: _____

Comments:

Signature: _____ Date: _____

Healthcare Provider (print name): _____ Phone: _____