

Diman Regional Vocational Technical High School

FALL RIVER - SOMERSET



SWANSEA - WESTPORT

Mr. Thomas F. Aubin, *Superintendent - Director*
 taubin@dimanregional.org

251 Stonehaven Road
 Fall River, Massachusetts 02723

Dr. Elvio A. Ferreira, *Assistant Superintendent/Principal*
 eferreira@dimanregional.org

Telephone: 508-678-2891
 Fax: 508-679-6423

Release to Return to Participate in Vocational Educational Setting

Please note student safety is a paramount concern. Activity in a vocational technical education program is unlike participation in a traditional academic classroom and students spend 2 weeks in their vocational program at one time. To that end, we require that students **returning to school after NON-ROUTINE medical treatment**, of any kind, (including but not limited to an emergency room visit, mental health assessment, or hospitalization) **must provide medical documentation** of the student's condition, clearance for reentry to school, and any limitations.

Return to School Nurse:

251 Stonehaven Road
 Fall River, MA 02723
 508-678-2891 ext. 1770

Nurse Fax 508-674-3263

| | | |
|------------------------------|------|--------------------|
| Name of Student | ID # | Vocational Program |
| Medical Diagnosis/Treatment: | | |

Please **complete** the following information and return to the fax number above.

All sections must be filled in, signed, and dated.

1. Is the student safe to return to the vocational education setting? Y N Date: _____
 Next Appointment Date: _____

2. Student is released to:

full participation without limitations Date: _____

modified participation from (date): _____ through (date): _____

modified hours – specify: from (date): _____ through (date): _____

3. Specify limitations below:

Identify any factors/medications/conditions that would impair the student's ability or judgement while working with heavy machinery (such as drills, electric saws, torches, cutlery, ovens, stoves, etc.) and the corresponding limitations with dates.
 If none, write "none".

4. Medications prescribed. Yes No

| Medication | Dosage | Administered at school? Time | Limitations for operating machinery | Side Effects |
|------------|--------|---------------------------------|--|--------------|
| | | | | |
| | | | | |
| | | | | |

5. Physical Demands and Activities

| | Yes | No | If no, list Limitations | | Yes | No | If no, list Limitations |
|------------------------|-----|----|-------------------------|---------------------|-----|----|-------------------------|
| Bending | | | | Pushing and Pulling | | | |
| Carrying | | | | Reaching | | | |
| Climbing Ladders | | | | Reaching Overhead | | | |
| Climbing Stairs | | | | Sitting | | | |
| Fingering | | | | Standing | | | |
| Lifting Floor to Waist | | | | Squatting | | | |
| Lifting Overhead | | | | Computer use | | | |

| | | |
|----------------------------------|----------------------------------|------|
| Signature of physician/clinician | Printed physician/clinician name | Date |
|----------------------------------|----------------------------------|------|

For Administrative Use Only

| | | |
|--------------|----------------|---------------|
| Received By: | Date Received: | Date Expires: |
|--------------|----------------|---------------|

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