

## **Department of Nursing and Health Professions**

"Fit for Duty" Ve	erification/Studer	nt Health Forms	
Student Name:  "Fit for Duty" is defined as being free of commun with nurse training, including mobility – bending, and auditory and ability to communicate effective	icable disease and at lifting, standing and v	ole to perform the physical a	
HEALTH PROFESSIONAL (MD, DO, NP, P	A): COMPLETE THIS	SECTION – student mu:	st use this form
The student named above has been exanduty. The student has:	nined following a	change in health statu	s, and is fit for
No restrictions	With restrictions- see attached information		
Note to health professional (MD, DO, NI addressing type of restriction, limited or	-	•	·
<b>Note to student</b> : some accommodations could affect progression/completion of the USCB Disabilities Services Office.	-	_	_
Date of this physical examination was: _			
	Month	Day	Year
Signature of Health Professional:			
Printed name of Health Professional:			
Date:			
Name/Address/Telephone of Health Prof	essional		
Stamped address information acceptable			