**SUSCB** NURSING

## University of South Carolina-Beaufort Department of Nursing and Health Professions 1 University Blvd Bluffton, SC 29909 843-208-8124

## STUDENT: COMPLETE THIS SECTION

I understand that a certification of physical health is required in order to attend clinical courses and that if my health status changes, such that restrictions are required for clinicals, I must notify the Department of Nursing and provide appropriate documentation as outlined in the BSN Student Handbook. I understand that I am not permitted in the clinical area until this completed form and all required documentation has been submitted as instructed. I will maintain copies of documentation for my records. Student signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Student printed name: \_\_\_\_\_\_ DOB: \_\_\_\_\_ HEALTH PROFESSIONAL (MD, DO, NP, PA): COMPLETE THIS SECTION – student must use this form The student named above has had a complete physical examination and has: \_\_\_\_\_ With restrictions- see attached information No restrictions Note to health professional (MD, DO, NP, PA): If restrictions do exist, please attach explanation addressing type of restriction, limited or permanent, required use of special accommodations, etc. **Note to student**: some accommodations may not be reasonable in a given clinical setting and could affect progression/completion of the BSN program, or, may require an evaluation through the USCB Disabilities Services Office. Date of this physical examination was: \_\_\_\_\_ Month Day Year Signature of Health Professional: \_\_\_\_\_\_ Date: \_\_\_\_\_ Printed name of Health Professional: \_\_\_\_\_\_ Name/Address/Telephone of Health Professional