

# CLEARANCE TO RETURN TO CURRICULUM / CLERKSHIPS

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Date: \_\_\_\_\_

Please be advised that \_\_\_\_\_ has been under my care  
**Student Name (please print clearly)**

from \_\_\_\_\_ to \_\_\_\_\_. They were not able to be in the curriculum/clerkships  
**MM/DD/YY MM/DD/YY**

from \_\_\_\_\_ to \_\_\_\_\_. They are cleared to return for normal school activity/clinical  
**MM/DD/YY MM/DD/YY**

cleared to return for normal school activity/clinical rotations beginning \_\_\_\_\_  
**MM/DD/YY**

**Are there any restrictions following return to the curriculum?**

No: Has no problems that will interfere with meeting expectations and is not a health risk to patients, other students or staff

Yes (please specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If restrictions, student will be able to return for normal school activity/clinical rotations without restrictions on

\_\_\_\_\_  
**MM/DD/YY**

Sincerely,

\_\_\_\_\_  
**Health Care Provider Signature**

\_\_\_\_\_  
**Name (please print clearly)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Contact Number**

\_\_\_\_\_  
**E-mail Address**

**Office use only**

Approved to return as of \_\_\_\_\_

Restrictions ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Lee Miller, M.D., Associate Dean

Date: \_\_\_\_\_