Purpose:
The purpose of this policy is to inform the student returning to clinical and didactic courses of the documentation required during a medical leave of absence which includes vaginal delivery*, surgical procedure or a medical condition requiring care by a primary healthcare provider.

Policy:
Students returning to courses following a medical condition as described above must be able to complete the essential skills necessary to provide patient care for the required amount of hours in a clinical shift. The shift hours are determined by the clinical section in which the student is registered. To meet the clinical course competencies, students must be able to safely engage in the clinical environment which includes physical capabilities of performing all necessary psychomotor skills.

If a student has missed clinical and didactic courses due to a medical condition described as above, prior to returning, the student must submit the completed release form to their program director. This document must be reviewed and signed by the student's primary healthcare provider. Please see the following page for release form.

*It is highly suggested to consult the Student Services Advisors prior to program admission in the event of a pregnancy. Pregnancy is not considered a medical illness.
Release for Student to Return to Clinical Courses for IUSB Vera Z. Dwyer College of Health Sciences

Indiana University South Bend Vera Z. Dwyer College of Health Sciences students returning to clinical and didactic courses following a surgical procedure, or medical condition requiring care by a healthcare provider, must be able to perform the essential skills required to provide patient care for the required amount of hours in a clinical shift. The shift hours are determined by the clinical section in which the student is registered. Prior to returning to clinical and didactic courses, this completed form from the primary healthcare provider must be presented by the student to the clinical faculty.

________________________________________  ____________ is able to resume classroom and clinical courses and perform the essential skills required to provide patient care for her/his clinical shift with no restrictions.

List of current medications:

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________________________________________

________________________________________

________________________________________

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________________________________________

Healthcare Provider’s Signature ___________________________ Date ___________________________

______________________________

Provider Number

________________________________________

Agency

________________________________________

Address

________________________________________

Phone Number

________________________________________

Upon returning to classroom and clinical courses, I understand that I am responsible for meeting the IUSB Vera Z. Dwyer College of Health Sciences Essential Abilities.

________________________________________  ___________________________

Student’s Signature

Date