

## **Procedure for Re-entry to School Following a Hospitalization/Mental Health Assessment/or Prolonged Illness**

Any parent/guardian whose child required NON-ROUTINE medical treatment, including an emergency room visit, hospitalization, mental health assessment, or prolonged illness must provide medical documentation of the student's condition, clearance for re-entry to school, and any physical limitations. This includes any injuries suffered during the course of Co-op work, athletic events and non-school related activities.

It is the responsibility of the parent/guardian to notify the guidance department prior to the child's return to school for the purpose of scheduling a re-entry meeting. The re-entry meeting will include: the student, parent/guardian, guidance counselor, nurse, and other appropriate personnel as deemed necessary by the principal.

At the re-entry meeting, a Hospital Discharge summary or letter from a treating physician/clinician is required. This medical documentation is to substantiate the child's well/safe return to academic and vocational programs that may require the use of the industrial/technical equipment. In addition, it may be determined that accommodations are necessary to implement for the student's successful school placement.

The student's well-being is paramount to the staff at Old Colony. We encourage you to contact us with any questions or concerns regarding this procedure.

## Release to Return to Participate in Vocational Education Setting

Attn: Nurse  
 Old Colony RVTHS  
 476 North Ave.  
 Rochester, MA 02770  
 (p)508-763-8011  
 (f)508-763-9821

Please note student safety is a paramount concern. Activity in a vocational technical education program is unlike participation in a traditional academic classroom. 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 re-entry to school, and any limitations.

Name of student	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Next scheduled appointment date: _____
2. Student is released to:		
<input type="checkbox"/> full participation without limitations      Date: _____		
<input type="checkbox"/> modified participation from (date): _____ through (date): _____		
<input type="checkbox"/> modified hours - specify: _____ from (date): _____ through (date): _____		

Specify limitations below:

3. Identify any factors/medications/conditions that would impair the student's ability or judgment 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
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

5. Additional comments:

Signature of physician/clinician	Physician/clinician's printed name	Date
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### For Administrative Use Only

Received by:	Date Received:	Date Expires:
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# Release to return to participate in Vocational Education Setting and Student Activities

11. Student has the following environmental limits:

a. Exposure to dust	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
b. Exposure to fumes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
c. Exposure to smoke	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
d. Exposure to heat/cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
e. Exposure to noise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
f. Exposure to heights (ladder use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
g. Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

12. Student has the following visual/communicative limitations:

a. Acuity(near/far); Depth, Color, Field	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
b. Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
c. Speaking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

13. Student has the following cognitive/mental limitations:

a. Understanding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
b. Remembering	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
c. Sustained concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
d. Following through on instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
e. Decision making	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
f. Responding to supervision/ instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
g. Relating to peers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
h. Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

14. Student has limitations due to the following conditions (indicate limitations):

a. Rash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
b. Burn	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
c. Cut	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
d. Bruise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
e. Sprain/Strain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
f. Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

15. Other functional limitations or modifications necessary in student's participation including duration and frequency of rest periods. If none, write "none".

16. Medications prescribed. ☐ Yes ☐ No

Medication	Dosage	Administered at school?	Time	Limitations for operating machinery	Side effects
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional comments may be written below.

Signature of physician	Physician's printed name	Date
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Additional Comments

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# Release to return to participate in Vocational Education Setting and Student Activities

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Old Colony RVTHS  
476 North Ave.  
Rochester, MA 02770  
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Please note student safety is a paramount concern. Activity in a vocational technical education program is unlike participation in a traditional academic classroom. 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, hospitalization, or prolonged illness must provide medical documentation of the student's condition, clearance for re-entry to school, and any physical limitations. This includes any injuries suffered during the course of co-op work, athletic events and non-school related activities.

Name of student	Vocational Program
Medical Diagnosis/Treatment	

Please complete the following information and return to the fax number above.  
If NO limitations: Sections 1, 2, 15, 16 must be filled in, signed and dated.  
If ANY limitations: All sections must be filled in, signed and dated.

1. Is the student medically stable?	<input type="checkbox"/> Yes	Date: _____
	<input type="checkbox"/> No	Next scheduled appointment date: _____
2. Student is released to:		
<input type="checkbox"/> full participation without limitations Date: _____		
<input type="checkbox"/> modified participation		
from (date): _____ through (date): _____		
<input type="checkbox"/> modified hours — specify: _____ from (date): _____ through (date): _____		

Specify limitations below by responding to each section.

	Hours: No limitations	1	2	3	4	5	6	7																																																																							
3. In an 6.5-hour school day, student can stand/walk a total of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
4. Student can stand/walk for a continuous period of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
5. In an 6.5-hour school day, student can sit a total of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
6. Student can sit for a continuous period of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																							
7. The student is released to return to participate with the following range for lifting, carrying, pushing/pulling:																																																																															
Pounds	<5	5	10	15	20	25	30	35	40	45	50	>50 (no limitations)																																																																			
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																			
Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																			
8. Student can use hands for repetitive:																																																																															
<table border="0"> <tr> <td></td> <td colspan="6">Right</td> <td colspan="6">Left</td> <td></td> </tr> <tr> <td>a. Fine manipulation</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td rowspan="4">Dominant hand <input type="checkbox"/> Right <input type="checkbox"/> Left</td> </tr> <tr> <td>b. Pushing and pulling</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>c. Simple grasping</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>d. Keyboarding</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>														Right						Left							a. Fine manipulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dominant hand <input type="checkbox"/> Right <input type="checkbox"/> Left	b. Pushing and pulling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	c. Simple grasping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	d. Keyboarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. Student can raise arms?																																																																															
<table border="0"> <tr> <td></td> <td colspan="6">Right</td> <td colspan="6">Left</td> </tr> <tr> <td>a. To shoulder height only</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>b. Above shoulder height (unrestricted)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>														Right						Left						a. To shoulder height only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	b. Above shoulder height (unrestricted)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No																												
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b. Above shoulder height (unrestricted)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																																																			
10. Student is able to:																																																																															
	Continuous. 67-100% of the day			Frequently 34-66% of the day			Occasionally 6-33% of the day			Intermittently 1-5% of the day			Not at all																																																																		
a. Stoop/bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
b. Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
c. Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
d. Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
e. Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
f. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
g. Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
h. Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
i. Push/pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		