



WKU Nursing Students | Clinical Release Form

Restrictions for students in Clinical settings, to be completed by primary care provider (MD/PA/APRN)

No Restrictions

Temporary Restrictions -if this has been checked, please provide specifications below by checking all that apply

Restricted lifting (maximum weight in pounds) 10___ 25___ 50___ Other___

No (circle all that apply)

crawling kneeling squatting climbing bending stooping twisting

Restricted pushing/pulling of _____ lbs.

Restricted reaching (circle all that apply): *above chest overhead away from body*

Restricted to one-handed duty. No use of (please circle): *right hand left hand*

Restricted to (circle all that apply, describe in detail below): *walking standing sitting*

Partial weight bearing (describe in detail below)

No/Limited bending or twisting

Wear splint at (please circle):

At all times while in Clinical setting

Do not: Operate Machinery/Drive any Vehicle

DESCRIBE RESTRICTIONS in detail (i.e. duration, nature of limitation, etc.). Supplement with extra pages if needed:

Provider Signature _____ Date _____