KPBSD 6/2023

Physician's Return to School/Activities/Sports Release Checklist

Kenai Peninsula Borough School District

148 N. Binkley St., Soldotna, AK 99669 (907) 714-8888

This form is required for injuries/illnesses that require more than basic first aid care

Return this form to your school nurse. A list of the student's activities, including physical requirements are listed below. Please complete this form in its entirety and provide the release date for regular return to school/activities/sports and indicate any physical restrictions below, if applicable. The KPBSD Nurse Supervisor will review this release and forward approved return-to-school information to the student's principal. Students may not return to school/activities/sports until the release has been reviewed and approved by the Nurse Supervisor.

Student Name:	School:	Incident Date:

☐ Student **is released** to regular school/activities/sports **without restriction** on: ______________________________________

☐ Student **is released** to regular school/activities/sports **with restrictions** on: ______________________________________

☐ Student **is not released** to any school/activities/sports beginning on: ______________________________________

Estimated Date of Next Release:	Date of Next Medical Visit / Evaluation:

The check boxes below **MUST** be completed by the medical provider.

Daily Activity	**No Activity Allowed**	**Minimal** Less Than 1hr / 10 lb Lifted	**Moderate** 1-3 hrs / 25 lbs Lifted	**No Limitation on Activity**
Sitting	☐	☐	☐	☐
Standing	☐	☐	☐	☐
Walking	☐	☐	☐	☐
Reaching	☐	☐	☐	☐
Reaching Overhead	☐	☐	☐	☐
Climbing	☐	☐	☐	☐
Bending at Waist	☐	☐	☐	☐
Kneeling	☐	☐	☐	☐
Lifting	☐	☐	☐	☐
Pushing & Pulling	☐	☐	☐	☐
Grasping Small Objects & Tools	☐	☐	☐	☐
Fine Manipulation	☐	☐	☐	☐
Computer Use / Entry	☐	☐	☐	☐

Any Prescriptions, Mental Health Concerns, or Other Limitations:

Physician or Other Licensed Health Care Provider Name:	Signature:	Date:

Physician's Address:	State:	City:	Zip Code:	Phone:

Nurse Supervisor Approval:	Date: