

ACTIVITY CLEARANCE FOR STUDENTS WITH MEDICAL CONDITIONS AND/OR IMPLANTED MEDICAL DEVICES

In the interest of students' safety, the TSD Medical Director and Student Health Services policy is:

For certain medical conditions, such as seizure disorders, visual impairments, cardiac conditions, orthopedic impairments or other potentially limiting conditions, each student should be assessed by the student's treating physician and any activity limitations specified in writing.

Con el mayor interés en la seguridad del estudiante, la póliza del Director Médico de TSD y de la Enfermería sigue:

A no ser que el médico privado del estudiante lo libre, el estudiante con implante coclear, shunt, marcador de pasos al corazón, u otros aparatos médicos implantados no se permite participar en deportes competitivos. Actividades físicas normales y clase de gimnasio se permiten y se animan. Si hay alguna pregunta sobre lo propio de alguna actividad, la situación debe revisarse por el médico privado antes de permitir la participación.

For recreational physical activities and P.E., physician clearance is required once on admission to TSD or once when a condition is newly diagnosed if the Student Health Services determines that a potentially limiting medical condition exists. It is part of the annual physical required for participation in competitive athletics. It may also be required again if the condition changes or the student plans to participate in new activities.

For cochlear implants, shunts, pacemakers, and other implanted medical devices no competitive sports are permitted unless previously cleared by the student's private physician. Normal physical activities and PE are allowed and encouraged. If there is a question about the appropriateness of any activity, the situation will need to be reviewed by the patient's private physician before it will be allowed.

Una vez el estudiante es inscrito en TSD, se requiere que el médico lo libre para actividad física y clase de gimnasio. Se requiere esta liberación anualmente para estudiantes que participan en deportes competitivos.)

STUDENT	DOB
I UNDERSTAND THAT THE ABOVE NAMED STUDENT HAS: <input type="checkbox"/> Cochlear implant <input type="checkbox"/> Pacemaker <input type="checkbox"/> Shunt <input type="checkbox"/> Other(list) _____ <input type="checkbox"/> Epilepsy <input type="checkbox"/> Usher's syndrome <input type="checkbox"/> other visual impairment (describe) _____ <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Long QT <input type="checkbox"/> PE tubes or chronic TM perforation <input type="checkbox"/> Other medical condition(s): i.e. orthopedic, cardiac, respiratory or neurological	

If student is 15 or above and has seizure disorder or visual impairment: this student: may may not drive.
 If student has seizure disorder, Musculoskeletal or neurological abnormalities, or TM perforation/tubes this student:
 may swim unsupervised may swim with a buddy may not swim may swim with earplugs

Please list other activity restrictions, PE and recreational activities, as well as competitive sports **THAT ARE NOT ALLOWED.**
PLEASE BE VERY SPECIFIC ABOUT ACTIVITIES THAT ARE RESTRICTED, ESPECIALLY RELATED TO CONTACT OR EXERTION THAT MIGHT BE CONTRAINDICATED.

THIS STUDENT IS CLEARED FOR ALL ACTIVITIES EXCEPT:

Physician's Signature	Date signed	Printed/Typed Physician's name
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Street Address, City, State & Zip

() _____ Phone #	() _____ Fax # (for controlled drugs RX)	_____ DEA # (for lab orders)	_____ UPIN #
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Activity Clearance Expires One Year From Date Signed
La Autorización de Actividad se vence un año después de la fecha en que se firmo