

Staff/Student Medical Clearance Form

SECTION 1 – For Completion by the STAFF/STUDENT	
<p>INSTRUCTIONS: Please complete Section I before giving this form to your medical provider. You will be required to present this Medical Clearance Form in order to return to campus.</p> <p>NOTE: The Medical Clearance Form must be completed and <u>submitted to the UNK Student Health office no more than THREE days prior to returning to campus.</u></p>	
Name:	NUID:
If employee, UNK Supervisor (printed):	Department:
UNK email:	Alternative email (if applicable):
Address:	Telephone:
Areas/Countries of travel:	Dates of travel:
Medical Provider name:	Medical Provider telephone:
SECTION 2 – For Completion by the HEALTH CARE PROVIDER	
<p>INSTRUCTIONS to the HEALTH CARE PROVIDER: The person listed is required to present this Medical Clearance Form in order to return to campus.</p> <p>NOTE: The Medical Clearance Form must be completed and <u>submitted to the UNK Student Health Office no more than THREE days prior to returning to campus.</u></p>	
<p>Is this person asymptomatic and allowed to return to campus?</p> <p><input type="checkbox"/> YES DATE RELEASED TO RETURN: _____</p> <p><input type="checkbox"/> NO DATE SHOULD RETURN FOR A FOLLOW-UP APPOINTMENT: _____</p> <p>Additional medical notes (if applicable):</p>	
Healthcare Provider Signature:	Date:
Name of Healthcare Provider (use Stamp):	Type of Practice/ Medical Specialty:
Address:	Telephone number:

Please send this form to unkhealth@unk.edu