



## Return to EMS Duties Form

<b>This form is to be signed, dated, and stamped by the treating physician to receive clearance from ECEMS to return to clinical experiences and lab session practice.</b>	
Name of Student:	Date:
Description of Previous Injury/Illness:	
<b>PHYSICIAN CLEARANCE</b>	
<b>To the best of my knowledge, this patient has recovered from the injury/illness described above and is free of any physical or mental impairment which is of potential risk to patients/personnel, or which might interfere with their performance as an EMS student.</b>	
Physician Signature:	Date:
Physician Name (Print):	Phone: