USciences
University of the Sciences

Student name: _____
Student ID #: _____

DEPARTMENT OF PHYSICAL THERAPY
Physician Clearance

This form confirms that _____ had a medical examination on _____. He/She is physically and emotionally able to perform duties of a physical therapist.

Physician's Comments:

_____ _____
Physician's Signature Date

To Be Completed By Student

A copy of this form will be kept on file in the Physical Therapy Department as well as provided to the clinical sites to which you are assigned, in order for you to participate in off-site clinical education experiences.

Year of Graduation:_____

Student Name: _____

Student Signature: _____