



Pillar High School

71-77 Okner Parkway
Livingston, NJ 07039

(973) 535-1999
Fax: (973) 535-1262/1268
Website: www.pillarnj.org

MEDICAL CLEARANCE TO RETURN TO SCHOOL 2026-2027

Student's Name: _____

Diagnosis(s): _____

Procedure/Reason for Medical Care: _____

Date(s) of Medical Intervention/Hospitalization: _____

NURSING

Medication(s): _____

Any new care parameters: _____

Physical Therapy (check all that apply)

____ Not cleared to return to therapy.

____ May return to therapy **without** restrictions.

____ May return to therapy **with** the following restrictions (Please be specific):

Range of Motion: _____

Weight Bearing: _____

Bracing: _____

Equipment: _____

Positioning: _____

Additional: _____

Occupational Therapy (check all that apply)

____ Not cleared to return to therapy.

____ May return to therapy **without** restrictions

____ May return to therapy **with** the following restrictions (Please be specific):

Additional: _____

Speech Therapy (check all that apply)

____ Not cleared to return to therapy

____ May return to therapy **without** restrictions

____ May return to therapy **with** the following restrictions (Please be specific):

Feeding: _____

Physician Signature: _____

Date: _____

Phone No: _____

Parent Signature: _____

Date: _____

Phone No: _____