

Student Health Center
(660) 785-4182



McKinney Center
100 East Normal
Kirksville, MO 63501-4221

MEDICAL EVALUATION FOR LIVING IN COLLEGIATE RESIDENTIAL SETTING:

I have evaluated _____ DOB _____

and determined the following:

(Check one)

_____ Student is cleared to return to residence hall to spend no more than 3 hours removing belongings.

_____ Student should not be allowed to return to residence hall to collect belongings until further notice.

_____ Student may return to residence hall after (date) _____ to collect belongings.

Signature of Licensed Medical Physician or Nurse Practitioner

Date

Printed Name of Medical Physician or Nurse Practitioner