

Return from Leave of Absence (LOA)

Upon completion of this form please submit by email to the BSN Academic Advisor

Student Name:		UTC Mocs Id:		
Date:	-			
Classification:1 st Level2	and Level 3 rd Level 4 th	Level5 th Level		
Date of Last Attendance:	Date LOA Started:	Return Date:		
How did you use your time during th	e leave of absence (if not medical	or military related):		
Why do you feel ready to return to t	he School of Nursing:			
The Academic Affairs Committee is a mandato sexual misconduct included in your appeal wi		exual harassment, sexual assault, sexual violence, or other tp://www.utc.edu/sexual-misconduct/).		
courses. I understand that I will need to can register for nursing courses I understand it is my responsibil scholarship requirements after a leatermine my course of study I understand that I need to arraidetermine my course of study I understand that I need to subrimate 1 to a fall return and September 1 to	irs Committee must approve the LC update immunization, drug screen, ity to check with the Mocs One Cer ve of absence. nge a meeting with the BSN Acader nit the Return from Leave of Absen st for a spring return. culum or plan of study has changed ow the curriculum/plan of study off ence is for medical reasons, I must h OA for more than 1 semester I mus spring term, it would be completed	and background check requirements before I are regarding continuation of financial aid and mic Advisor sixty days prior to re-entry to ce form and supporting documentation by May or ceased during my Leave of Absence, I fered at the time of my return. In ave my healthcare provider complete the complete the Nurs 1999 Clinical Refresher in the fall partial term 2 semester or returning		
Student Signature:		Date:		
For School of Nursing use only: Return from Leave of Absence: A Academic Affairs Chair signature: Director signature:				



	Medical Clinical	Clearance Form			
Student Name:		UTC Mocs Id:	Date:		
	ell-being of both the student and patient rogram or return to clinical after surgery		eveloped the following form for students to ecured in the student's nursing file.		
	cognitive, sensory, affective, and psycho xpected to be able to perform. The follo tion in the nursing program.				
ISSUE	AS EVIDENCED BY:				
Gross and Fine Motor Skills	 Perform physical activities necessary to do basic fundamental nursing skills such as putting on sterile gloves, donning mask and gown, operating a manual and/or electronic blood pressure cuff, sterile technique and 				
STANDARD Gross and fine motor skills	other essential fundamental nursing skills.				
sufficient to provide safe and	Perform correct hand washing technique and behaviors. Provide or resist with activities of deily living such as had both business to listing accidening alients making.				
effective nursing care.	 Provide or assist with activities of daily living such as bed bath, hygiene, toileting, positioning clients, making an occupied and unoccupied bed. 				
ejjeune narsing care.		and equipment with speed, d	exterity, precision, and adequate eye-hand		
	 Correctly administer oral, and parel 				
	 Perform electronic keyboarding/do 				
			equipment, casts, and assistive devices.		
		Perform cardiopulmonary resuscitation procedures maintaining health teams and client safety.			
	cuff, don sterile gloves, etc.). Grasp	small objects with hands (e.	medication packages, manual blood pressure g. IV tubing, pencil). Pinch/pick or otherwise . Twist (turn objects/knobs using hands).		
Visual Ability			tion of an IV, counting respirations, preparing		
	and administering medications.				
STANDARD			tterns) and recognize subtle physical changes		
Visual ability sufficient for	 Read small print, gauges, thermom 				
observation and	 Discriminate colors, changes in color, size, and continuity of body part. 				
assessment necessary for safe client care.	 Accurately identify, prepare, and administer medications. 				
chent care.	Identify hazards in the environment				
	Correctly visualize written words ar				
Tactile Ability	 Correctly perform palpation, function intervention. 	ons of physical examination of	and/or those related to therapeutic		
STANDARD	Don and wear gloves and other protective devices while accurately performing physical assessment.				
Tactile ability sufficient for	Correctly perform skills that require tactile sensation.				
physical assessment	 Accurately palpate for pulses, temp 	erature, texture, hardness o	r softness, landmarks, etc.		
Emotional Stability	Establish therapeutic interperson				
	Provide clients with emotional sup				
STANDARD			professional conduct and standards without		
Emotional stability sufficient to tolerate rapidly changing	displaying hostility, agitation, rua	leness or belligerence.			
conditions and environmental	Poses no threat to self or others.				
stress	Perform potentially stressful tasks	concurrently.			
	[2013] and Armstrong Atlantic State University (2012). For more informa-	ation visit the SREB website at www.sreb.org/page/1	390/the americans with disabilities act.html.		
Please check your recommendate	ion for this student:				
	core competencies listed above to a place if student is returning after an		· · · · · · · · · · · · · · · · · · ·		
	the core competencies listed above	to attend the clinical lab.	It is recommended the student take a		
medical withdrawal at this time.					

Healthcare Provider's Signature

Date

Healthcare Provider's Name (Printed)