



**LABBB Health Office at Lexington High School**

251 Waltham St. Lexington, MA 02421

Tel: 781-861-2400 ext 1009

Fax: 781-861-1351

Email: healthoffice@labbb.net

**Post-Illness or Hospitalization Return to School Form**

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student is s/p: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

New medications or changes: \_\_\_\_\_

\_\_\_\_\_

**Please check yes or no for each activity:**

	Yes	No
Student may participate in vocation activities (work)		
Student may participate in off-campus field trips		
Student may walk approximately one mile with classmates and teachers		
Student may participate in physical education classes		
Student may participate in swimming		
Student may participate in physical therapy sessions		
Student may participate in after-school recreational activities (i.e. golf, bowling)		

Additional considerations: \_\_\_\_\_

\_\_\_\_\_

Date and location of follow up appointment: \_\_\_\_\_

\_\_\_\_\_

**Provider signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provider name:** \_\_\_\_\_

**Credentials:** \_\_\_\_\_

**Hospital Affiliation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_