

North Metro Community Services, Inc.
Medical Release Form

NMCS consumers participate in work, volunteer sites, and many other activities within the community. Therefore, it is important to communicate any medical restrictions to NMCS Day Program representatives (TL, RN, or Coordinator). This form needs to be completed when an individual has been on medical leave, hospitalized, sustained any injury, or change in mental health status requiring a physician's visit. The responsible residential representative must contact the Day Program Team Leader before the consumer returns to Day Program activity or work. Please note that an IDT may be requested before the consumer returns to Day Program or work to ensure the consumer receives the most safe and effective program possible.

_____ is eligible to return to NMCS Day Program on _____.
Name Date

Please check one of the following:

No (0) Restrictions _____

Restrictions _____

If there are restrictions, please list and explain:

*Physician's Signature

Date

*In the event that the attending medical personnel are unable to provide a signature to release the consumer back to NMCS services please have this document completed by the agency nurse, and include any discharge paperwork, and a detailed explanation of the medical visit. This must occur prior to the consumer's return to full and active participation in Day Program/Work Activity.

Route to:

- Nurse (Day Program, Residential)
- RC
- Program Coordinator
- Team Leader (Day Program, Residential)