

Student Name: _____

DATATEL ID: _____

Pre-Entrance Health Declaration

EVALUATION and ASSESSMENT: Evaluation and assessment require physical exam by a healthcare provider.

Based on my evaluation & assessment of this student's physical and emotional health on _____, he/she appears able to participate in the activities of a health profession in a clinical setting.

YES _____ NO _____

Signature of Physician/Physician Assistant/Nurse Practitioner

Date

Print Name of Physician/Physician Assistant/Nurse Practitioner

Area Code/Phone Number

Office Address

City

State

Zip Code