

Are there any conditions, physical and/or emotional, which may interfere with functioning as a health professional student in the classroom or clinic? No Yes

If yes, please describe: _____

Any allergies or medications? No Yes

If yes, please describe: _____

Healthcare Provider Office Only

Healthcare Provider's Name: EMC BT /45 0 WTj Q4 2 (thc)3.9 ()TJ 0 Tc 0 Tw >>BD3car >BD3car >BD3 3.78-6.