



SCHOOL ATTESTATION

School:			
Contact:		Phone:	
Address:			
Contact:		Date:	

This form is to attest, verify, and document that the following student(s) have successfully completed all requirements for clinical instruction stipulated in affiliation agreement with UHealth Memorial including;

- ✓ Valid Driver’s License
- ✓ Current BLS or ACLS certification
- ✓ MMR x 2 or titer
- ✓ Varicella vaccine or titer
- ✓ Hep B series, titer or waiver

Student Information

Last, First	Email	Clinical Dates

Authorized Contact (Please Print)

Signature / Date