



# INFIRMARY HEALTH

## Student Intake Form

### Personal Information

First Name:  Last Name:

Address:  City/State/Zip:

Preferred Phone:  Email:

- I am 18 years of age or older     
  I am a High School Student     
  I am a College Student  
 I would like to observe     
  I need clinical hours     
 Is this for school credit?  Yes  No

### Education & Rotation Information

Name of School:  Discipline/Program:

Desired Start Date:  End Date:  Total # of Hours Needed:

Student #:  Instructor/ Faculty Name:

Instructor Email Address:  Phone:

Which Infirmiry Health Site would you like to be located?

Infirmiry Department and Employee who approved this rotation:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### IH Office Use Only:

Current Infirmiry Health Employee      Preceptor/Supervisor \_\_\_\_\_

Location/Unit Placed \_\_\_\_\_