STUDENT PASSPORT

Background, Health History, Exam Requirements & Authorization for Release

As outlined in the affiliation agreement, the following information is required from York Hospital for each incoming student at least 10 business days prior to the start of the rotation.

SECTION I

Name:_____Date: _____
First Last

Preferred First Name for name badge: _____

Mailing Address: _____
Street or P.O. Box City State Zip

Home Phone:_____Cell Phone: _____

E-Mail:_____Date of Birth: _____

Emergency contact information: _____

University/College attending: _____

Program and expected degree: _____

Advisor telephone and email: _____

Type of placement needed: _____

Is your request to meet an academic (credit bearing) requirement: _____

Length of time of placement (include dates if known): _____

Number of hours needed: _____

If a placement has been secured, SECTION II will be forwarded.