

\_\_\_\_\_ is applying to the Florida College of Integrative Medicine program. Please assess the applicant's health status in the following areas:

1. Does he/she have any health conditions which would pose a danger either to himself, a student, or a patient in the course of invasive procedures such as needling?
2. Does he/she have any physical or mental health conditions that would prevent him from being able attend and complete a lengthy and demanding academic program?
3. Does he/she have any other physical or mental health conditions that would Interfere with a safe, orderly, and appropriate educational and clinical Environment?

***I certify that the information given here is complete and correct to the best of my knowledge.***

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Name

Signature

Date

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Address

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License #

Phone #