



**Allied Health and Nursing
Health Declaration Form**

Student is to complete this form and return to the Program Director by the assigned deadline.

Program _____

Student ID # _____

Last Name _____,

First Name _____,

Middle / Maiden Name _____

Address _____

City _____

State _____

Zip Code _____

Home Phone Number / Cell Phone Number _____

Email _____

Date of Birth: _____ / _____ / _____

Please Read and Sign Below

I certify that I have no known health conditions which would jeopardize my own or a patient's welfare and have no limitations which would restrict me from performing the customary duties of a health career student, as defined in my program-specific student handbook. If I have or develop an allergy, it is my responsibility to communicate to my instructor/lab assistant prior to beginning each semester and initiate appropriate precautions.

I understand that health career students are assigned in clinical areas where exposure to infection and communicable disease is common. My immune response or status is sufficient to allow assignment in all clinical areas and to all patients (assuming use of protective measures per facility policy).

I am able to perform the required technical standards (intellectual, psychosocial, motor, and environmental) for effective performance in the Lake Superior College health careers education program to which I have been accepted.

I understand that health career students come in contact with latex products or chemicals (penicillin, etc.) in the laboratory and clinical.

I understand that failure to sign this form or to provide the information requested in the Exposure and Immunity Requirements Form may cause a clinical site to refuse me for placement at their facility. The health career program does not guarantee an alternative facility placement. I also understand that if no alternative facility placement is available, I may be terminated from the health career program.

Signature: _____ Date: _____