

Information Form for Individual Students

Section 1 – Personal Information

First Name: MI:	Last Name:	
List any previous names used at this facilit	ty:	
Address:		Apartment/Unit #
City	State	Zip Code
Home Phone:	Alternate Phone:	
Email Address:		
Birth Date:	Gender:	
Emergency Contact Name:	Contact #:	
Relationship:		
Are you a Memorial Employee? Yes	No	
If yes, in what department, unit or area do	you work?	
Job Title:		

Section 2 – Flu Vaccination

Will you be at Memorial as a student between October 1 and March 31? Yes No

Have you had a flu vaccination in the past 12 months? Yes No

Note - Students declining the flu vaccine must complete a flu declination form and must wear a mask during their clinical rotation when within 6 feet of any patient.

LKM: Rev. 11/2017 Page **1** of **2**

Section 3 – School Information

Are you currently enrolled in a degree program?	Yes	No	
What college or university?			
Please ty	pe full name		
What degree program?			
How many hours are you required to complete in	this semester	/quarter?	
Start date*: Er	nd date:		
Will you be precepting with a Memorial employee?	? Yes	No	
If yes, in what Department/unit?			
Preceptor's name (if known):			

LKM: Rev. 11/2017 Page **2** of **2**

^{*}Students must complete all orientation requirements prior to their clinical start date.