



## Information Form for Individual Students

### Section 1 – Personal Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

List any previous names used at this facility: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street 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.*

