

Student Information Sheet

Clarke University – Dubuque, Iowa

Facility Name	
Clinical Dates	

CONTACT INFO	
Student Name	
Home Address	
Home Phone	
Cell Phone	
Email	
Local Address while On Clinical	

EMERGENCY CONTACT	
Name	
Relationship	
Phone	

TRANSPORTATION	
Automobile Make/Model	
License Plate #	

HEALTH STATUS	Students will provide a health history form and immunization record to clinical site
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	List any medication you take on a regular basis:
	List any medical conditions that your Clinical Instructor needs to be aware of:
Health Insurance Company	

CLINICAL EXPERIENCE	
Type of Facility	
Dates	
Patient Diagnosis	
Type of Facility	
Dates	
Patient Diagnosis	
Type of Facility	
Dates	
Patient Diagnosis	
Type of Facility	
Dates	
Patient Diagnosis	

STUDENT GOALS	
	List any additional information that may impact your learning experience during your clinical experience: