

Immunization Clearance: X

Mandatory Annual Safety Training Class Date: **MONDAY,** _____

Time: 12:05 - 2:00 p.m.

Location: **The Mind Institute**

2825 50th Street, Room 1115

UCDHS HUMAN RESOURCES
STUDENT/TRAINEE - EMERGENCY CONTACT FORM

STUDENT NAME: _____

PROGRAM Student IN: _____

Date of Birth (DOB) _____

PHYSICAL MAILING ADDRESS: _____

Student EMAIL ADDRESS: _____

MESSAGE PHONE: _____

IN CASE OF EMERGENCY, NOTIFY:

CONTACT NAME: _____

MESSAGE PHONE: _____

UCDHS DEPARTMENT STUDENT WILL EXTERN IN: _____

UCDHS SUPERVISOR STUDENT WILL EXTERN WITH: _____

UCDHS DEPT PHONE: _____

DAYS/HOURS STUDENT WILL EXTERN: _____

APPROX. START DATE: _____ **END DATE:** _____

School Name/Agency: _____

School ADDRESS: _____

School Coordinator CONTACT: _____

PHONE: _____

School Coordinator Email: _____

FAX: _____

UCDHS Contact: Samantha Mi Yang

Email: samantham.yang@ucdmc.ucdavis.edu

Human Resources, Training & Development

Ticon III, Room 2600 - 734-2676, Fax: 734-8697

Attention Student: Give this form to your UCDHS Dept Supervisor

Attention UCDHS Supervisor: Student extern "Exit Orientation" schedule attached.

Please provide release time.