

HEALTH CERTIFICATE

The following person has applied for admission to The Wellspring School for Healing Arts. As part of the admissions process, all applicants are required to have a health certificate completed and signed by a licensed health care provider. Thank you for your assistance with his/her application.

(The Wellspring School reserves the right to contact anyone listed.)

Applicant's Name: _____

According to your intake, does the applicant have any of the following:

Y= yes, N= no, NTF - not tested for

- _____ Hepatitis B or C or a history of Hepatitis B
- _____ Communicable Diseases
- _____ Chronic Fatigue Syndrome
- _____ Serious Blood Disorders
- _____ Hypertension
- _____ Tuberculosis
- _____ Diabetes
- _____ Cancer
- _____ HIV/AIDS

How would you describe the overall health of the applicant?

Does this person have any communicable disease or any other health problems that will affect his/her working in Student Clinic? _____ If yes, please explain:

Licensed health care provider's name:

Address: _____

Phone: _____ License #: _____

Signature: _____

