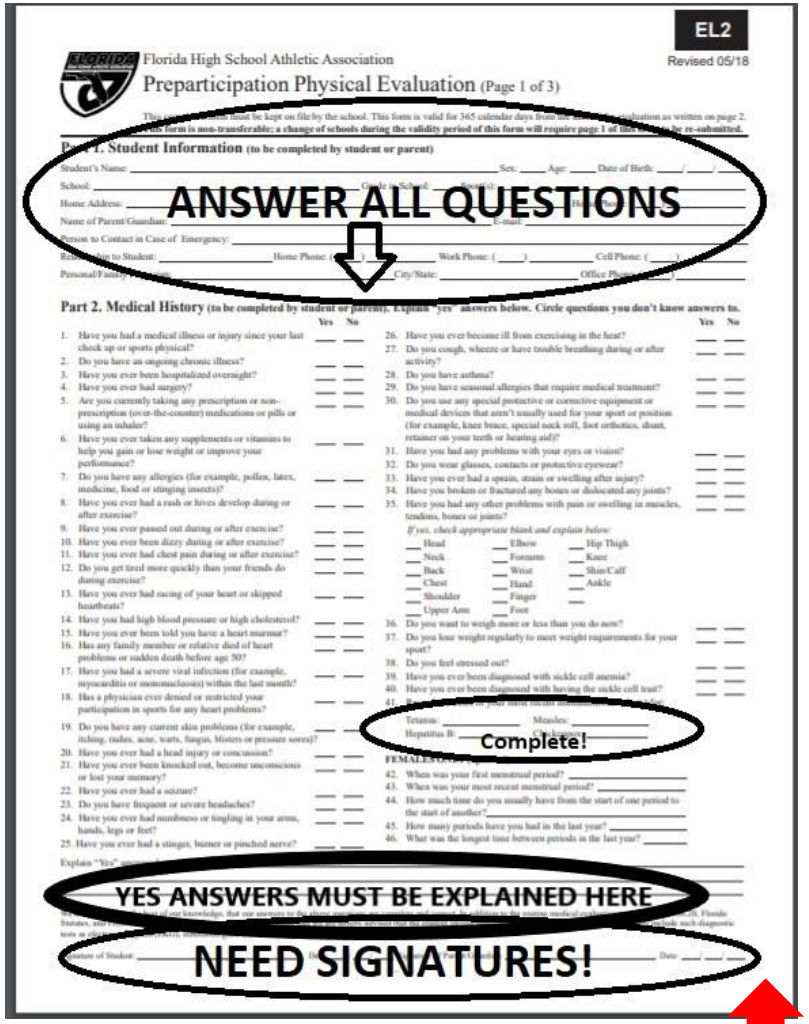
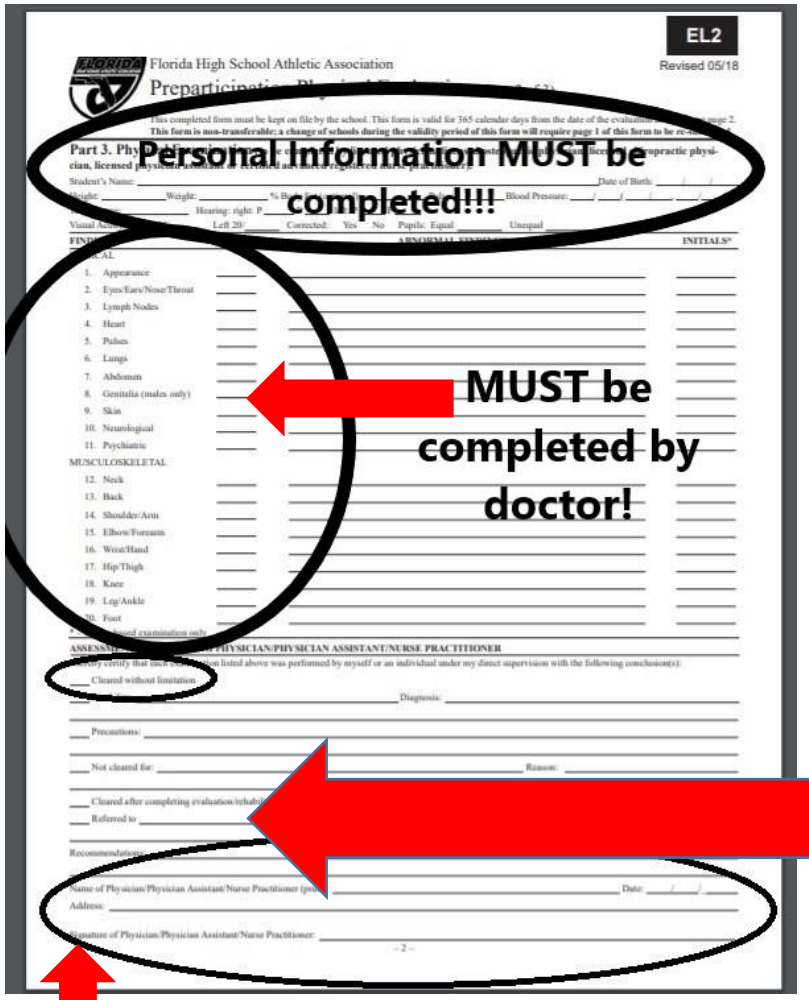
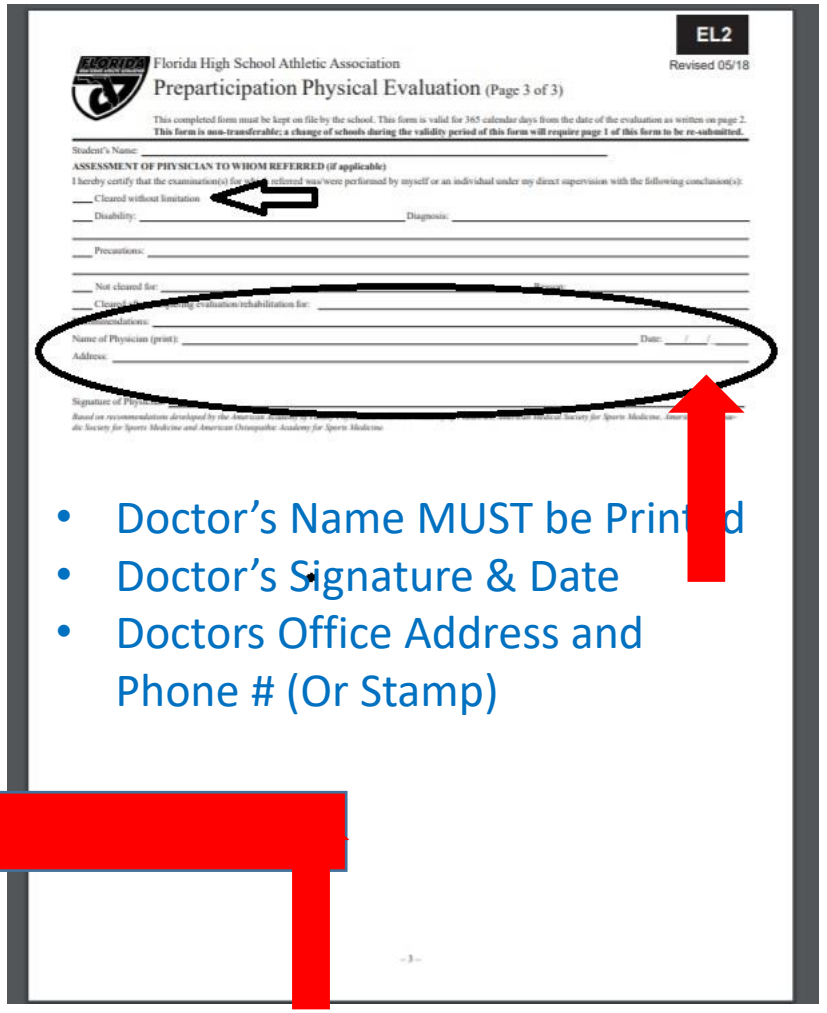


- ANSWER ALL QUESTIONS!
- COMPLETE PERSONAL INFO
- Don't forget shot information!
- Yes answers MUST be explained at the bottom.



- Student's Information MUST be completed at the TOP!
- Doctor's Name MUST be Printed
- Doctor's Signature & Date
- Doctors Office Address and Phone # (Or Stamp)



- Doctor's Name MUST be Printed
- Doctor's Signature & Date
- Doctors Office Address and Phone # (Or Stamp)

Only Necessary if Recommendations were made on page 2 and form MUST be completed by specialist listed on recommendation/precaution etc…