

This form is fillable. You can save data in this form.



Student Information Sheet

Faculty to complete and email to: Crystal.Soto@holy-cross.com and Wyndie.Morrill@holy-cross.com.

Information MUST be COMPLETE and TYPEWRITTEN. Submit 2 weeks prior to the start of clinical rotation.

ONLY 1 Form per Group

School:	Unit(s) Assigned:
Phone:	Rotation Start and End Dates:
Discipline:	Rotation Times:

First Name	Last Name	Date of Birth	MMR/PPD/ Varicella	Date of Flu Vaccine	Completed Background Check	Drug Screen on File	Renewal Date of BLS	Date of Online Orientation Completion
Instructor Name:								
Student Name:								

Note to Instructor: Each student must submit a HealthStream record showing completion of all online student orientation courses **before** starting clinical rotation. The record must be kept in your own school file as proof of completion.

This will be kept in the student's file and maintained by the school. A 4-page HIS form is **required** on first day before passwords are provided.

Instructor Info: Phone #:	Nursing License #:
Faculty email address:	

Attested/Prepared by:
Note: Entering your name will serve as your electronic signature to confirm that this information is on file at your institution.