



Division of Allied Health  
Dialysis Technology Program

Date: \_\_\_\_\_

**PLEASE PRINT or TYPE**

First Name	Middle	Last	Student ID Number		

Address:

Number & Street	Apt. #	City	State	ZIP

			(      )	U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth			Telephone	

**Have you ever been convicted of a felony? ☐ Yes ☐ No      If yes, please explain:**


**Person to notify, during school hours, in case of emergency:**

Name: \_\_\_\_\_ Telephone: (      ) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Do you have family or other responsibilities that might interrupt or interfere with a full-time course of study? ☐ Yes ☐ No      If yes, please explain:**


**Do you have reliable, daily transportation? ☐ Yes ☐ No      State reason(s) for any problems or limitations you may have with transportation.**


## HEALTH AND PHYSICAL RECORD

General Health: ☐ Good    ☐ Fair    ☐ Poor    Height\_\_\_\_\_    Weight \_\_\_\_\_

Have you had surgery; been hospitalized; or treated for a serious illness or injury in the past three (3) years? ☐ Yes    ☐ No    If yes, please explain: \_\_\_\_\_

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To your knowledge, do you have any of the following ailments? Check "YES" or "NO."

ILLNESS	YES	NO	ILLNESS	YES	NO
Hernia			Illness due to working with clinical		
Poor Vision			High blood pressure		
Kidney trouble			Back Injury		
Rheumatism			Poor hearing		
Arthritis			Epilepsy		
Hepatitis			Dizziness		
Diabetes			Asthma		
Emphysema			Nervous disorder		

Have you been treated for an emotional disturbance or mental crisis? ☐ Yes    ☐ No

If yes, please explain: \_\_\_\_\_

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Please list any other physical limitations:

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Have you had a mantou or chest x-ray in the last six (6) months? ☐ Yes    ☐ No

Have you had chicken pox? ☐ Yes    ☐ No    When\_\_\_\_\_

Have you had Rubella Titer? ☐ Yes    ☐ NoWhen\_\_\_\_\_

Student Signature: \_\_\_\_\_

**REFERENCES:** Give the names and addresses of three persons, not related to you, who are past or present employers or teachers who know you well.

Name	Occupation	Complete Address

## EDUCATION

Give below information concerning high school or other secondary schools attended.

Name of School	City & State	Attended		Date of Diploma
		From	To	

Give below information concerning college, university, vocational, trade school attended.

Name of Institution	City & State	Attended		Major	Diploma or Degree
		From	To		

If program was not completed, state the reason. \_\_\_\_\_

\_\_\_\_\_

List other non-traditional education experiences (*travel, military service, on-the-job training*, etc)

\_\_\_\_\_

\_\_\_\_\_

Do you plan to work while enrolled in this program? [ ]Yes [ ]No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your professional and/or business experience below

Name & Address of Employers	Dates Employed		Position	Reason for Leaving
	From	To		

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