



Division of Allied Health
Dialysis Technology Program

Date: _____

PLEASE PRINT or TYPE

First Name			Middle	Last	Student ID Number		
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Address:

Number & Street	Apt. #	City	State	ZIP
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Date of Birth			Telephone ()	U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No
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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: _____

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: _____

Please list any other physical limitations:

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 No When _____

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

EDUCATON

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		

