



## Student Health Examination

***Instructions:*** The student shall obtain a physical health examination from a non-relative, licensed health care Provider. The Provider shall complete this form. The student shall submit this signed form to the UW-L Health Professions Department, room 4035 in the Health Science Center, by **July 1<sup>st</sup>**. The student shall retain a personal copy of this form.

I certify that I have performed a physical health examination of this University of Wisconsin, La Crosse PA student, \_\_\_\_\_.  
(Student’s Name)

I certify that this student ....

- is free of communicable diseases.
- free of conditions that might endanger the health and well-being of other students, staff, and the patients he/she cares for.
- meets the immunization requirements of the Program, and
- is medically fit to undertake study in the University of Wisconsin-La Crosse – Gundersen – Mayo – Marshfield PA Program

\_\_\_\_\_  
 Provider’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Provider’s Printed Name

Healthcare Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_