

**Health Screening Form Physician Assistant Master’s Program**

*Return completed forms to:*

West Liberty University

Health Service-Attn: PA Program 208 University Drive

College Union Box 127 West Liberty, WV 26074

*Fax: 304-336-8315*

***Section #1 is to be completed by the Physician Assistant Student and returned together with all other required health forms to the above address.***

***Section 1.***

Name: (print)

I hereby give consent to the West Liberty University Student Health Services to provide the information requested in section II for the purpose of determining my ability to participate in activities related to my education and training in the Physician Assistant Program. I further understand my actual health record will be held in the Student Health Services center and are subjected to privacy laws.

Signature of student

Date

Section #2 is to be completed by WLU Student Health Services Center personnel & returned to the PA Program administrative office.

***Section 2.***

WLU Student Health Service personnel should attach a copy of immunizations and verify that student was found

(please check) qualified / not qualified to participate in the Physician Assistant program by his or her medical provider.

Signature of Health Care Services personnel

Date

Section # 3 is to be completed by WLU Physician Assistant Program administrative office personnel and retained in the student file.

***Section 3.***

Upon review of the above information, the Physician Assistant student is found to be: Qualified , Not qualified to participate in the program.

WLU PA Program representative signature

Date