

Immunization Requirements Consent

University of Saskatchewan

I agree to comply with all immunization requirements of the University of Saskatchewan. I give my consent for my immunization records and/or serology results to be shared with my college, clinical placements and administrative staff as appropriate.

Student Signature:

Name (please Print):

College of Physical Therapy (Class of 2017)

Date:

Student's Personal Information

Last Name:

Given Names:

Address:

Date of Birth: (mm/dd/yy)

Student #:

Health Card No:

Province

Expiry Date:

M __ F __

Telephone: (H)

(C)

E-mail:

College/Program: