WELLSTAR

Office of Student Affiliations
Student Information

Welcome to WellStar. We look forward to your time with us. We have some requirements that will need to be completed at least 15 business days before you can begin your rotation.

*Please return by **e-mail** to Carol.Westbrooks@WellStar.org or fax 770-937-4163*

Date: _____

Name: _____ Date of Birth: _____

Telephone:_____ E-mail:_____

Student ID #:_____ School: _____

Faculty Contact: _____

Faculty Contact Phone: _____ Faculty Contact email: _____

Emergency Contact: _____ Emergency Contact Phone:_____

Personal Physician Contact: _____Phone:_____

Expected dates of rotation: From: _____ until: _____

Preceptor's Name: _____Phone: _____

Preceptor's E-mail _____

Do you have any chronic health problems that might be impacted by contact with patients who may have infections? Do you have any other health issues we need to be aware of?

If yes, please explain: _____

_____

_____

_____

Do you have a latex allergy? Yes: ____ No: _____