



Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3200

Excellence with Caring

SCHOOL OF ALLIED HEALTH SCIENCES
OFFICE OF THE DEAN

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School of Allied Health Sciences Health Status Change

I, _____, **DO** ___ **DO NOT** ___ have significant, acute or chronic changes in my physical and/or mental status, requiring continued medical monitoring (examples of conditions include surgery, pregnancy, accidents, severe anxiety etc.).

My condition that requires monitoring is _____.

I understand that participating in a course related practicum, didactic clinical experience or lab may pose a hazard to my condition or health. I further understand that I must submit **physician documented medical clearance** to the School of Allied Health Sciences (SOAHS) Office of Student Services in order to participate in the practicum, didactic clinical experience or lab.

I acknowledge I must report any significant changes in my physical and/or mental status, either acute or chronic requiring continued medical monitoring within seven (7) days of my knowledge. I understand that I must then submit **physician documented medical clearance** to the FAMU SOAHS, Office of Student Services before further participation in practicums, didactic clinical experiences or labs.

FAMU Student ID#: _____ Phone: _____

Email: _____

Current Address: _____

Emergency Contact – Name & Relationship to Student Phone

Signature _____ Date _____