

## 530-H Confirmation of Physical Exam and Clinical Requirements Clearance



### Confirmation of Physical Exam and Clinical Requirements Clearance

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Program

\_\_\_\_\_  
Mercy College Student ID

Are required screenings and immunizations appropriately up to date? **Students are allowed to be in-process, as long as they remain current with screening/immunization schedules.**

Yes ☐ No ☐

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I medically clear this student for entry into a health program at Mercy College of Ohio.

Yes ☐ No ☐

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Lab reports/screening and immunization documentation must be provided to student.**

\_\_\_\_\_  
Practice Name

\_\_\_\_\_  
Practice Address (include City, State, Zip)

\_\_\_\_\_  
Practice Phone Number

\_\_\_\_\_  
Provider's Name (printed)

\_\_\_\_\_  
Provider's Title/Credentials

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

**Office: Academic Affairs**

**Date: 8/18/20**

**Student: Upload to Confirmation of Physical Exam in CastleBranch**

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