

The Sage Colleges
School of Nursing and Health Sciences
Doctor of Physical Therapy Program

Student Information Form

Name:

Class of:

Home Address:

School Address:

Home Telephone #

In Case of Emergency, Notify:

Past Medical History (that could impact your performance within the academic and clinical environment):

Present Medical Conditions (i.e. vision, hearing, cardiopulmonary, neuromuscular, orthopedic, etc. that could impact your performance within the academic, laboratory and clinical environment)

Are you taking any specific medication/s now? If yes, please explain fully:

I have answered the above completely.

(Signature)

(Date)