



University of Windsor

Faculty of Nursing

Student Verification of Health Status

Please print clearly:

Last Name: _____ First Name: _____

Student number: _____

I am an undergraduate student entering year: 1 2 3 4

or

I am a graduate/NP/Oncology/Palliative care student

Declaration & Authorization for Disclosure of Information:

I understand that it is my responsibility to inform the appropriate personnel of any communicable disease, and/or any medical or non-medical condition that may place me at risk or pose a risk to others during clinical placements.

Please indicate if you have a latex allergy/sensitivity: Yes No

Note: Risk of exposure to latex products and equipment is possible at clinical placement sites and in the Faculty of Nursing Clinical Learning Centre. Repeated exposure(s) to latex may result in worsening of an existing latex allergy/sensitivity.

I hereby certify that I have no/no other condition(s) that may affect my ability to fulfill clinical placement responsibilities.

I authorize the release of my health information to:

1. The Faculty of Nursing, University of Windsor;
2. The clinical placement agency;
3. The treating medical site/institution (if required)

Date (yy/mm/dd): _____ Signature: _____

Re: Collection of Personal Information - The personal information collected on this form is collected under the authority of the University of Windsor Act and is collected for clinical placement requirements and/or accommodation needs in the Faculty of Nursing. If you have any questions about the collection of the personal information on this form, please direct your questions to Sheema Inayatulla (Assistant to the Dean, Faculty of Nursing) at sheemai@uwindsor.ca or 253-3000 (x2281).