

Saad

Education

*CNA School • Phlebotomy School • Certified Medical Assistant School
Continuing Education for Healthcare Professionals • Special Programs*

PHLEBOTOMY CLASS INDIVIDUAL REGISTRATION INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER _____

YEAR OF HIGH SCHOOL GRADUATION OR GED: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER _____

ANY MEDICAL DIAGNOSIS THAT MAY HINDER YOUR FULL PARTICIPATION IN CLASS
YES _____ No _____ (IF YES, MEDICAL RELEASE IS REQUIRED).

LIST ANY MEDICATIONS CURRENTLY TAKING _____

DATE: _____

SIGNATURE: _____

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STUDENT ACKNOWLEDGEMENT SIGNATURE SHEET

By my signature below, I acknowledge that I have received a copy of **Saad CNA School Phlebotomy Class Welcome Packet** which includes the **General Information Sheet, Dress Code for Classroom Participation and General Code of Conduct**. I will familiarize myself with this information and attest that I **understand** and that **I agree to comply with these policies**.

I also understand that, if I have any questions or do not understand any provisions of this Welcome Packet, I should consult my instructor for answers or clarification.

By signing this statement, I acknowledge my complete understanding and acceptance of these terms.

STUDENT SIGNATURE

DATE

WITNESS

DATE

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EMERGENCY INFORMATION

The information contained herein is confidential, will be used in case of an emergency situation and will only be maintained until conclusion of the Phlebotomy Class.

Student Name		Social Security Number	
Emergency Contact Name	Emergency Contact Phone Number	Relationship	
Emergency Contact Name	Emergency Contact Phone Number	Relationship	
List Medications Currently Taking			
Medication	Dosage	When take	
Medication	Dosage	When take	
Medication	Dosage	When take	
Medication	Dosage	When take	
List any Illnesses (Asthma, Diabetes, Epilepsy, etc.) and the doctor's name treating you .			
Illness	Dr. Name	Phone Number	
Illness	Dr. Name	Phone Number	
Illness	Dr. Name	Phone Number	
Illness	Dr. Name	Phone Number	