

**COLLEGE OF HEALTH, EDUCATION, AND HUMAN SCIENCES
STUDENT HEALTH CARE PROVIDER STATEMENT/MEDICAL RELEASE**

COLLEGE OF HEALTH, EDUCATION, AND HUMAN SCIENCES
MEDICAL HISTORY QUESTIONNAIRE

TYPE OF COMPLETION: SELECT ALL THAT APPLY

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COLLEGE OF HEALTH, EDUCATION, AND HUMAN SCIENCES
PHYSICAL ABILITIES REQUIREMENTS

STUDENT NAME	SEMESTER OF PROGRAM ADMISSION

R	O	R	O	MEASURABLE DESCRIPTOR
ABILITIES				
