APPENDIX 3

Student Health Information Waiver

I,_____agree to allow Delgado Community College to release
(Student Name)
my health information, vaccine records, drug test results, and/or criminal background investigation report to clinical affiliates, including externship facilities, as requested. I understand this information is confidential, will be kept secure at all times, and shared with faculty or Hospital Coordinators only as appropriate. I further understand that refusal to sign this consent will result in my inability to participate in clinical courses and/or externships.

Print Name: _____

Student Signature_____Date:

DCC Representative_____Date: