



NAH Student Information Form (11JAN2022)

Returning Student to NAH? Yes [] No [] Rotation location: FMC [] VVMC []

Are You Now or Have you been an NAH Employee or Volunteer? Yes [] No []

Student Name: _____

Last 4 Digits SSN: _____ Birth Date: _____

Start Date (1st day on campus) _____ End Date (Last day of semester) _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ (Required)

Student Type: [] Nurse [] PT [] OT [] SLP [] PHARM [] RAD [] Pre-Hospital

Other: _____

School: _____ Instructor's Name: _____

Official Use Only

[] Contract in Place [] Student Module [] ACCUCheck Module [] MIS

Lawson ID #: _____ Parking Permit # _____ Edu Sign-off: _____

Employee Health

[] PPD/Chest X-Ray [] MMR [] Varicella [] TDaP

Flu [] FLU record 1 _____ (Flu season October-April) [] Not FLU Season

COVID [] COVID vaccine record [] Vaccine 1 _____ [] Vaccine 2 _____

[] Booster _____ Manufacturer _____

FIT TEST Date: _____ Make _____ Model _____ Size _____

Date Cleared: _____ By: _____



Select a security question and provide an answer. This information will be used to reset your account if needed. Ensure that you keep this information protected.

Choose a Security Question:

Street lived on in 3^r grade?

Your childhood nickname?

Make/model of 1st car?

College applied to but didn't attend?

School attended in 6^t grade?

Answer to Security question: _____