

Lawrence Memorial/Regis College Nursing and Radiography Programs
Student Data Sheet

Date: _____

NU _____ Day E/W

Radiography Year I Year II

Name: _____

Address: _____

Telephone: Home: _____ Work: _____

Cell: _____

Cell phone provider _____

Email: _____

Car Registration: State: _____ Plate Number: _____

Make/Model: _____

Emergency: Contact:

Name: _____ **Relationship:** _____

Telephone: Home: _____ Work: _____

Cell: _____

Work Schedule:

Number of hours worked/week: _____

Place of Employment: _____

Type of Work: _____

Have you worked directly with patients in a health care setting?

Describe: _____

Anything you think we should know about you to assist you in the program?

|| To be completed by Course Coordinator/Faculty

|| BLS (Must be Health Care Provider through AHA) expiration date: _____

|| Financial Clearance Health Clearance Immunizations/vaccines due _____

|| Orientation Quiz Completion NU 202 Students: Degree petition

|| Faculty Advisor: _____