

## MEDICAL STUDENT CLEARANCE FORM

STUDENT: \_\_\_\_\_

ROTATION: \_\_\_\_\_ BLOCK: \_\_\_\_\_

### ROTATION DEPARTMENT

Student's last date in the rotation: \_\_\_\_\_ Student has met all requirements? ☐ YES ☐ NO

Department signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **MEDICAL LIBRARY:**

Student has cleared matters in this department. ☐ YES ☐ NO ☐ N/A

#### **POST OFFICE:**

Student has returned mailbox key and left a forwarding address. ☐ YES ☐ NO ☐ N/A

#### **SCRUBS:**

Student has returned all Erlanger scrubs. ☐ YES ☐ NO\* ☐ N/A

\*If no: student has paid \$\_\_\_\_\_ via ☐ check ☐ money order for \_\_\_\_\_ sets of unreturned scrubs (\$20 per set).

#### **UME OFFICE:**

☐ ID Badge ☐ Badge Reel ☐ Meal Card ☐ Parking Pass ☐ Other: \_\_\_\_\_

#### **HOUSING:**

Student checked out from The District at Riverside? ☐ Apt. #: \_\_\_\_\_ ☐ YES ☐ NO ☐ N/A

*(Students must follow check-out procedures emailed by Corporate Quarters.)*

### STUDENT

Please provide your contact information in the event we need to reach you after you leave Chattanooga:

MAILING ADDRESS

EMAIL ADDRESS

PHONE

