



0513501



**HEALTH CAREER PROGRAMS  
ANNUAL HEALTH DECLARATION AND DEMOGRAPHIC SURVEY**

PROGRAM: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

E-MAIL ADDRESS: \_\_\_\_\_

I attest that I can perform all essential health care job functions applicable to the health care discipline for which I am seeking education and training. I further attest that my health status has remain unchanged and believe myself to be free of all communicable diseases and physically capable of full participation in the health care clinical experience.

**STUDENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

Complete and forward to any Student Services Center:

**Burlington Center**  
496 McCanna Pkwy  
Burlington, WI 53105

**Elkhorn Campus**  
400 County Road H  
Elkhorn, WI 53121

**Kenosha Campus**  
3520 - 30<sup>th</sup> Avenue  
Kenosha, WI 53144

**Racine Campus**  
1001 S. Main Street  
Racine, WI 53403