

CENTRA

Certificate of Health  
Short Term Observation Education Experience

Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that I do not have any health problems that may pose a risk to hospital patients or staff. I am free from contagious or infectious disease, do not have any symptoms of illness, and am feeling well.

The short term educational experience will take place with \_\_\_\_\_  
in the department of \_\_\_\_\_.

Signataure: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent Signature (if student is a minor): \_\_\_\_\_

Company/School: \_\_\_\_\_

**TB Skin Test (administered and read) within last twelve months must be attached.**