



Student/Employee Health Service

STUDENT REGISTRATION CLEARANCE

- Entering Student (Office Of Admission)
- Continuing Student (Office Of Registrar)
- Non-Matric Student
- Visiting Student
- Surgical Tech Program
- Pharmacy

DATE: _____

As of the above date _____
Name Of Student

Has completed all health requirements of registration.

If you have any question concerning this clearance, please call: 718-270-2018

Sincerely,

Student Health Services

Health Clearance Expires _____