**University of Cincinnati Medical Laboratory Science – Physician Form**

**To the Applicant:**

It is necessary that we request a statement of your general health and maintain it in our records. Please print your name in the appropriate space on the form below and submit it to your physician for signature. Return the form along with your application materials or your physician may also mail it to the address below.

**Note:** This is not a request for a physical, only a statement concerning your general health. However, depending on how recently you have seen your physician, s/he may require a physical prior to signing this form. Allow adequate time to determine what your physician will require to sign this form.

**University of Cincinnati**

**Medical Laboratory Science Program**

Applicant Name (please print) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby authorize the individual named below to provide the requested information.

**Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_**

To the best of my knowledge, the above named individual is in good health and should be able to carry out the activities of a Medical Laboratory Science student in the clinical laboratory.

Physician (please print) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Physician Office Phone Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_**

Once this document is complete, you can give the document to the student OR email the document to [MLS-Campus-Based@uc.edu](mailto:MLS-Campus-Based@uc.edu) or fax to 513-558-7428 ATTN: MLS On-Campus.