

Barry University School of Podiatric Medicine

Student Statement of Good Health (Required for all DPM Students)

Name _____ Phone: _____

Student or SS # _____ Sex _____ Birthdate: _____

Height _____ Weight: _____ B/P _____ Approx. Year of Graduation _____

This form is to be completed by a medical doctor or licensed practitioner and returned to the School of Podiatric Medicine

Statement of Good Health:

I have examined this student who appears to be in good health and who is physically able to enroll in the School of Podiatric Medicine and perform physical duties which may be required within a health care setting during training.

In addition, a **Chest X-Ray** was performed and the results as follows regarding TB Clearance -

(Healthcare Provider please check one)

Positive

Negative

Health Care Provider (Please sign and place health care provider address and phone number or stamp below).

Name of Provider _____ Address _____

Signature _____ Date _____ Phone _____