



Career and Technical Education
Nursing Assistant Program

Health Information Release Form

I understand that my physical and immunization records are required documents of this program. Area health care facilities that this program is affiliated with may request and review my health records before I am able to perform any job shadowing, clinical skills, internships or any such contact with patients. I further understand that my health records will be held in strictest confidence and reviewed by only those requesting the information according to Department of Health regulations. By signing below, I am allowing the release of my health records and information to those health care facilities and professional personnel so that both my health and those of the patients are protected.

Health care facilities include but not limited to:

Oswego Hospital/Oswego Health
The Manor at Seneca Hill
St. Luke's Residential Health Care Facility
Morningstar

Student Name (print) _____

Student Signature _____ Date: _____

If under 18, parent/guardian signature _____