

STUDENT INFORMATION | *This must be completed by Student and submitted to Sentry MD.*

Name: (Please Print) _____ <i>Last, First, MI</i>	UIW ID Number: _____
Date of Birth: ____ / ____ / ____ DD MM YYYY	Cell Phone: (____) ____ - ____
Email Address: _____ @ _____	

STUDENT CONSENT STATEMENT | *This must be completed by the student and submitted to Sentry MD before any health documents can be processed.*

I have reviewed the immunization requirements listed on the University of the Incarnate Word – School of Osteopathic Medicine website ([Medical Services](#) | [Support Services](#) | [University of the Incarnate Word \(uiw.edu\)](#)) and agree to release all documentation uploaded to Sentry MD to authorized members of the University of Incarnate Word staff and authorized staff of cooperating clinical agencies, as directed by UIW throughout the duration I am enrolled.

Student Signature

Date

Student Name (Print)

DOB