

# Health Screening and Physical Examination Approval Form



You will need to complete this form if you are coordinating a health screening or physical examination event in which students will participate. Completing this form and the required documentation for this event will enable you to provide medical assistance to your patients while ensuring students are covered by the university's medical malpractice insurance.

After completing the form, make a 15 minute appointment with either the [Office of University Student Affairs \(USA\)](#) or [COMP-Northwest Student Affairs](#). They will help ensure you are prepared to tackle the event and will sign off on the approval form once all is in order.

**Submit this form no less than FOUR weeks before your scheduled event and return the required documentation no more than one week following the event.**

## WESTERNU INFORMATION

WesternU Class/Club/College(s) Participating in the Event:

Your Contact Info:  @westernu.edu

Name E-Mail Phone #

## EVENT INFORMATION

Community Organizer Info:

Name E-Mail Phone

**Certificate of Liability:** If the Community Organizer (CO) is asking for a Certificate of Liability (COL), ask them to contact University Student Affairs ([studentaffairs@westernu.edu](mailto:studentaffairs@westernu.edu)) directly. Please indicate if the Organization needs to be named on the COL, this request may take up to two weeks. Once issued, the COL will be sent directly to the CO at the e-mail address provided above.

Event Name:  **Event Date:**

Event Address:   **Event Start Time:**

Street Address City/State

Primary Language(s) of Patients/Clients:  **Event End Time:**

Number & Type of Patients/Clients You Will Serve: #  Adults Children Animals

(Estimate) Indicate Type (e.g. dogs)

## WESTERNU HEALTH PROFESSIONAL(S) OVERSEEING EVENT (LIST ALL SCHEDULED TO ATTEND)

Full Name of WesternU Faculty or Preceptor (Required):	E-mail Address	Professional Degree(s):	Check One:	CA Licensed	Screenings Overseeing at Event: (e.g. physical exams, glucose screening)
			<input type="checkbox"/> Faculty <input type="checkbox"/> Preceptor	<input type="checkbox"/> Yes	
			<input type="checkbox"/> Faculty <input type="checkbox"/> Preceptor	<input type="checkbox"/> Yes	
			<input type="checkbox"/> Faculty <input type="checkbox"/> Preceptor	<input type="checkbox"/> Yes	
			<input type="checkbox"/> Faculty <input type="checkbox"/> Preceptor	<input type="checkbox"/> Yes	
			<input type="checkbox"/> Faculty <input type="checkbox"/> Preceptor	<input type="checkbox"/> Yes	

## REQUIRED DOCUMENTATION FOR THIS EVENT:

*To be returned to University/COMP-Northwest Student Affairs within one week of event.*

1. **WesternU Participant List:** Have all student participants and your WesternU Health Professional sign.
2. **Patient Waiver Forms:** Have all patients/clients sign a Patient Waiver Form **before services are provided**.
3. **For vaccine clinics additional paperwork is required.** (contact the office of University Student Affairs)

Once this form is approved and signed, we will provide you and your WesternU Health Professional with an electronic copy of this document, as it will help them know what to expect the day of the event.

For internal use only:  
 Binder #  E-mailed Posted to Calendar  
Full faculty/preceptor name(s) listed and legible  
Event name matches Pt. count Pt. waivers

Best of luck!

\_\_\_\_\_  
Student Affairs Officer Signature

\_\_\_\_\_  
Date