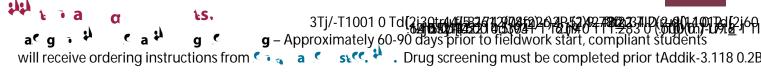
▶ → – Bring valid identification to health services office or hav submit online. Form and instructions: \ . . . /ster-. .

as a complete the dynamic form at complete th a 😘 stat 🧸 - Must be on the required form (🔨 😘 🐒, completed by a licensed

clinician and exam dated within 1 year of the program start. The



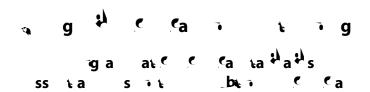




at a 🏳	ss t	· Building 19, Room 177 · Phone (413) 755-4230 · Fax (413) 755-6045						
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(This form is required for students in the Phlebotomy Technician program. Other majors and student athletes need to complete a separate form.)

	Date of	STCC	
Name:	Birth:	ID#:	





- Must be able to participate in all classroom, laboratory and clinical discussions and activities.
- Standing continuously for extended periods of time (over 4 hours).
- Reach laboratory bench tops and shelves, patients lying in hospital beds or patients seated in specimen collection furnitl tirni anSovte r bb-10.1 (e).2 (c)-2.s .5 (r)10f alRea2-8.4 2 (ie)-20 (ie)-2.7 9nou310.1 (n)6.3 (d)-6-4 -4n