The Medicine Wheel
a School of Holistic Therapies
1243 West Apache
Farmington, NM 87401
(888) 327-1914 * (505) 327-2234 fax
e-mail: drsus@qwest.net

STATEMENT OF GENERAL HEALTH

In accordance with our institution's policy, we request a statement of your general health from your medical health care provider (physician, physician assistant, nurse practitioner or naturopathic doctor).

Please have your medical health care provider complete this form and mail it to the institution within ***30 days*** of your scheduled start date. This statement will become part of your permanent school record. Thank you for your immediate attention to fulfilling this requirement.

______________________________________ ______________________________
Student's Name print signature

_____________Susan L. Barnes_____________ ______________________________
School Director print signature

Health Care Provider's Statement of General Health.

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Are there any known physical or emotional problems that may effect progress in the educational program or participation in the clinical activities, both as a student and upon graduation?

Yes □ No □ If yes, explain below.

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____ _________________________
Health Care Provider's Signature ***Date***