

# RADFORD UNIVERSITY

Office of Admissions

## Health Record Waiver Form for Clinical Students

I, \_\_\_\_\_ confirm that I am enrolling in a clinical program at Radford University (Physician Assistant, Physical Therapy). I am considered a clinical student from the first day of matriculation. Due to this clinical status, I have completed a health record that has been submitted to Waldron College of Health and Human Services through CastleBranch. This comprehensive health record submission meets all minimum requirements for admission to Radford University, and I am therefore waived from submission of an additional health record form through the Office of Admissions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RU ID#

\_\_\_\_\_  
Date of Birth