

**Surgical Technology Program**

**Kristine Flickinger MAOM, RN, CNOR, CST**

**Program Director**

**201 W. University Blvd.**

**Odessa, Texas 79764**

**Phone: 432-335-6459**

**Email:** [**kflickinger@odessa.edu**](mailto:kflickinger@odessa.edu)

**Pre-Participation Student Physical Examination and Clearance**

**Name DOB:**

**Program**

**A.D.N. VN – Andrews VN – Monahans Radiologic Technology**

**Physical Therapist Assistant EMT Surgical Technology**

xXXXXX

**Based on the assessment, examination, and evaluation, this student is capable of participating in classroom and clinical activities in the Nursing or Allied Health program.**

**YES NO**

**Healthcare Provider Printed Name/Credentials**

**Healthcare Provider Signature: Date:**

**Address:**

**Phone:**