



Surgical Technology Program  
Kristine Flickinger MAOM, RN, CNOR, CST  
Program Director  
201 W. University Blvd.  
Odessa, Texas 79764  
Phone: 432-335-6459  
Email: [bjwhite@odessa.edu](mailto:bjwhite@odessa.edu)

Pre-Participation Student Physical Examination and Clearance

Name \_\_\_\_\_ DOB: \_\_\_\_\_

**Program**

- |                                                       |                                       |                                        |                                                |
|-------------------------------------------------------|---------------------------------------|----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> A.D.N.                       | <input type="checkbox"/> VN – Andrews | <input type="checkbox"/> VN – Monahans | <input type="checkbox"/> Radiologic Technology |
| <input type="checkbox"/> Physical Therapist Assistant |                                       | <input type="checkbox"/> EMT           | <input type="checkbox"/> Surgical Technology   |

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: \_\_\_\_\_