BROWARD HEALTH®

Department of Learning

Student/Volunteer Affiliation Information Sheet

School _____ Unit Assigned _____

Phone _____ Rotation Dates _____

Grade _____ Rotation Times _____

Student Name *(please print)*	BH Orientation	BH Compliance	Hand Hygiene	FLU	TB

Instructor #1 _____ _____ _____

Printed name Signature Phone #

Instructor #2 _____ _____ _____

Printed name Signature Phone #