



# COLUMBIA

## COLLEGE OF NURSING

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4425 North Port Washington Road Glendale, Wisconsin 53212 Phone: (414) 326-2330 Fax: (414) 326-2331  
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### Declaration of Student Health Status

I declare to the best of my knowledge that my health status is unchanged, and I am able to perform safely in the clinical and classroom setting.

Student Name \_\_\_\_\_  
Please Print Name

Student Signature \_\_\_\_\_  
Student Signature

Date \_\_\_\_\_