



**MEDICAL LABORATORY TECHNICIAN PROGRAM  
MID-PLAINS COMMUNITY COLLEGE  
PRE-ENTRANCE MEDICAL STATEMENT**

(PLEASE PRINT)

APPLICANT NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(HOME) (WORK)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

If accepted into the program, are you aware of any medical circumstances that may prevent you from meeting course requirements (including attendance) and successfully completing the Mid-Plains Community College MLT program as described in college written materials?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students enrolled in the Medical Laboratory Technician program are required to be intellectually, physically and emotionally capable of performing the tasks of a Medical Laboratory Technician. To the best of your knowledge, do you have these capabilities to successfully complete (including attendance) the Mid-Plains Community College MLT program as described in college written materials?  Yes  No

If No, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature below indicates that to the best of my knowledge the above information is true and correct. I understand that if at any time I can not meet program requirements as described in college written materials, that my eligibility in the Medical Laboratory Technician program will be reviewed.

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN STATEMENT**

To the best of my knowledge, this student applicant does not have limitations that would prevent them from meeting course requirements (including attendance) and successfully completing the Mid-Plains Community College MLT program as described in college written materials.

PHYSICIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_