



## Family Care Associates – Student Request Form

Please complete the entire packet and send to Taryn Rohr at [trohr@familycareassociates.com](mailto:trohr@familycareassociates.com)

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

(MD, APRN, Health Occ, etc)

Phone: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Email: \_\_\_\_\_ Referred By: \_\_\_\_\_

School: \_\_\_\_\_

Type of rotation (Peds, family medicine, women's health, etc): \_\_\_\_\_

**Dates Requested** From: \_\_\_\_\_ To: \_\_\_\_\_

Hours Needed \_\_\_\_\_

Please include a copy of the following up-to-date immunizations:

Tdap (Mandatory)

MMR – 2 doses (Mandatory)

Hepatitis B series (Recommended)

Seasonal Influenza (Mandatory)

COVID 19 (Mandatory)

Comments: \_\_\_\_\_

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