

MEDICAL STUDENT CLEARANCE FORM

**YOU MUST CHECK OUT W/YOUR DEPT. FIRST
HAVE THEM COMPLETE STEP 1
THE GME OFFICE CAN VERIFY STEPS 2 - 6**

The completion of this form is required prior to your departure. Any final mail will be forwarded as stipulated by you under CONTACT INFORMATION.

NAME: _____ MONTH/YEAR: _____
Rotation: _____

1. **ROTATION DEPARTMENT:** The student's last date in the rotation is: _____ (Date)
The student has met all the rotation's requirements: Yes _____ No _____
Dept. SIGNATURE: _____ DATE: _____

GME OFFICE:

2. **MEDICAL LIBRARY:** This student **has** _____ **has not** _____ cleared matters in this department.
(GME office has already verified w/Library staff if you have outstanding items not turned in)
GME Signature: _____ Date: _____
3. **POST OFFICE:** This student has returned his/her mailbox key and left their forwarding address.
(GME Office has already verified w/the post office that the student has no mail that has not been picked-up)
GME Signature: _____ Date: _____
4. **SCRUBS:** **IF SCRUBS ARE NOT RETURNED, STUDENT WILL BE CHARGED \$20.00 PER SET**
(The GME office will verify that you have complied with Erlanger's Scrub Vending System)

Student has returned all Scrubs to Erlanger

Student has paid \$ _____ for _____ sets of Scrubs That were **NOT** returned.
*We accept Checks or Money Orders **ONLY**. Make checks payable to: **Xanitos**
GME Signature _____ Date: _____
5. **MEDICAL EDUCATION OFFICE** **ID Badge:** _____ **Student Lounge Key** _____
Blue Security Access Card: _____ **Parking Pass** _____
Meal Card: _____ **Pager** _____
GME Signature: _____ Date: _____
6. **HAYDEN PLACE APARTMENTS** If the Apt. Leasing Office is not open when you check out, please put your key in an **Envelope w/your Name & Apt. # on the outside.**
Apt. # _____ **Place Envelope in Mail Drop Box located near the Leasing Office Front Door.**
N/A _____
The Apt. Leasing Office will verify your check-out via fax to the GME office if you are unable to do so in advance.
Signature: _____ Date: _____

STUDENT:

7. **STUDENT CONTACT INFORMATION** In the event that we need to reach you after you leave Chattanooga, **please** List a forwarding mailing address, phone & email address:
Address: _____ Phone: _____
_____ Email: _____