

Heart to Heart Healthcare Training
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APPLICATION FORM

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

E-mail Address: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Secondary Phone: _____

Dates of class you are registering for: _____

Size of Scrubs Needed? X-SMALL SMALL MEDIUM LARGE XL XXL XXXL

Are you able to lift 50 pounds? YES NO

Do you have any medical restrictions or conditions? YES NO

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes to any of the above, describe in full:

How did you hear about us?
