

Student Health Center

RU
RADFORD
UNIVERSITY
PO Box 6899
Radford, Virginia 24142

Ph: 540-831-5111
Fax: 540-831-6638

Health Record Waiver Form for Online and Distance Learners

I, _____ confirm that I am enrolling in an online or distance learning program only and do not plan on taking any courses on the campus of Radford University in Radford, Virginia, and am therefore waived from having to complete a health record form. I understand that should I, at anytime, register for a course on the campus of Radford University I will be required to complete a health record form and submit it to the Student Health Center to avoid further penalties. I also understand that by signing this form I am not eligible to utilize Student Health Services for my medical needs.

Signature

Date

Student ID

Date of Birth