

Student Name _____
 Last First Middle

Graduation Date/Year _____

Health Science

STUDENT CAREER PROFILE

Personal
 Name _____ Student No. _____ Home Phone _____ Cell Phone _____ Email _____
 Last First Middle

Address _____ Date of Birth _____ Age (upon enrollment) _____ Sex _____ Race _____

Projected Graduation Date (Month and Year) _____ Career Objective _____ ACT _____ WorkKeys _____

Dual Enrollment (Date/Semesters; Location; Course/s) _____

Parents/Guardian
 Mother _____ Address _____ Phone _____ Cell Phone _____ Email _____

Employed by _____ Address _____ Job Title _____ Work Phone _____

Father _____ Address _____ Phone _____ Cell Phone _____ Email _____

Employed by _____ Address _____ Job Title _____ Work Phone _____

Emergency Contact Information _____ Phone _____ 2nd Phone _____ Drug Screen Date _____ Background Check Date _____

Medical
 Allergies/Disabilities _____ Date of TB Test _____ TB Result: Negative _____ Positive _____ CXR date (only if TB test positive) _____ Treatment (only if TB test positive) _____

Hepatitis B Series: Step 1 _____ Step 2 _____ Step 3 _____ Medications _____ Special Considerations _____

Family Doctor _____ Address _____ Phone _____ Health Insurance and Number _____

The above information can be used for school records and/or to ensure safety of students. This confidential information is not to be released to employers or the general public.

Instructor/s _____ Home School _____ Career Technical School/Academy _____ Comments _____

Date Enrolled in Program _____ Date Completed Program _____ Date of Withdrawal _____ Reason _____ Dual Enrollment Y ___ N ___ Comments _____

Annual Absences (optional): (Year: ___ Abs. ___) (Year: ___ Abs. ___) (Year: ___ Abs. ___) (Year: ___ Abs. ___) (Year: ___ Abs. ___) (Year: ___ Abs. ___) Comments: _____

HEALTH SCIENCE CAREER CLUSTER – CLINICAL/VOLUNTEER HOURS

Site/Hrs _____ Site/Hrs _____ Site/Hrs _____ Site/Hrs _____ Site/Hrs _____ Site/Hrs _____ Site/Hrs _____
 Site/Hrs _____ Site/Hrs _____ Site/Hrs _____ Site/Hrs _____ Site/Hrs _____ Site/Hrs _____ Site/Hrs _____

Attach a Clinical / Volunteer Log and Copy of Student Resume, if needed.

COURSES

Directions: Enter the enrollment year and semester in the space provided for completed course (s) (# of credits)

Foundations of Health Science #14002G1001 (1)	Therapeutic Services #14099G1000 (1)	Health Science Internship #14298G1000 (1) or #14298G2000 (2)	Nurse Aide Training #14051G2000 (2)
Human Body Structures & Functions # 14299G1001 (1)	Diagnostic Services #14149G1000 (1)	Advanced Health Seminar #14297G1000 (1)	Orientation to Health Science #140002G1002 (1)
Introduction to Pharmacy # 14152G1000 (1)	Health Informatics #14157G1000 (1)	Senior Career Pathway Project, Health Science #14997G1000 (1)	Medical Coding #14156G1000 (1)
Dental Assisting #14054G1000 (1)	Family Wellness #19259G0500 (1/2) (crossover course)	Medical Terminology #14154G1000 (1)	Nutrition in Healthcare #14254G1000 (1)
Sports Medicine Fundamentals #14062G1003 (1)	Emergency Services and Management # 14055G1000 (1) (crossover course)	Health Promotion and Wellness #14251G0500 (1/2)	Patient Care Technician #14051G1000 (1)
Sports Medicine Intermediate #14062G1001 (1)	Sports Medicine Advanced #14062G1002 (1)	Other / PLTW	Other / PLTW

STUDENT ORGANIZATION

Directions: Enter information in space provided below relating to student's participation in student organization

Organization	Year:	Grade:	Year:	Grade:	Year:	Grade:	Year:	Grade:
	Yes ()	No ()	Yes ()	No ()	Yes ()	No ()	Yes ()	No ()
HOSA Member								
Office Held								
Competitive Event (s)								
Award (s)								
JLDC (Joint Leadership Conference)								
State Leadership Conference								
International Leadership Conference								

STUDENT CAREER READINESS INDICATORS AND STACKABLE CREDENTIALS

CNA Student _____yes _____no	CNA Program Start Date	CNA Program Completion Date	CNA Certification Date CRI <input type="checkbox"/>
HIPPA Training Completion Date	CPR Certification Date Certified with	First Aid Certification Date	Bloodborne Pathogens Certification Date
Certification: Date Received: CRI <input type="checkbox"/> Credential <input type="checkbox"/>	Certification: Date Received: CRI <input type="checkbox"/> Credential <input type="checkbox"/>	Certification: Date Received: CRI <input type="checkbox"/> Credential <input type="checkbox"/>	Certification: Date Received: CRI <input type="checkbox"/> Credential <input type="checkbox"/>
Certification: Date Received: CRI <input type="checkbox"/> Credential <input type="checkbox"/>	Certification: Date Received: CRI <input type="checkbox"/> Credential <input type="checkbox"/>	Certification: Date Received: CRI <input type="checkbox"/> Credential <input type="checkbox"/>	Certification: Date Received: CRI <input type="checkbox"/> Credential <input type="checkbox"/>

PERSONAL CHARACTERISTICS AND EMPLOYABILITY SKILLS

Directions: Instructor should rate the student by checking the appropriate rating from the rating scale. The ratings are the instructor's opinion based on observation of the student and should not be used for grading purposes.

RATING SCALE: 4 – The student is exceptional 3 – The student is average 2 – The student needs improvement 1 – The student is below average

<p>_____ Utilizes resources wisely Identifies, organizes, plans, and allocates resources</p> <p>_____ Exhibits good interpersonal skills Works with others, participates as a member of a team, teaches others, serves customers, exercises Leadership, and negotiates</p> <p>_____ Acquires and uses information Acquires and evaluates data, organizes and maintains information, interprets and communicates Information, and uses computers to process information</p> <p>_____ Understands systems Understands complex interrelationships, knows how social, organizational, and technological systems work, monitors and corrects performance, and improves or designs systems</p> <p>_____ Utilizes technology Works with a variety of technologies, selects technology, applies technology to task, and maintains and maintains and troubleshoots equipment</p>	<p>_____ Exhibits basic skills competency Reads, writes, performs mathematical operations, listens, and speaks effectively</p> <p>_____ Exhibits thinking skills Thinks creatively, makes decisions, problem solves, visualizes, processes, and reasons</p> <p>_____ Exhibits good personal qualities Displays responsibility, self-esteem, sociability, self-management, integrity, and honesty</p> <p>_____ Exhibits good work habits Prompt, reliable, self-motivated, takes pride in work, and works well under supervision</p> <p>_____ Demonstrates leadership qualities Demonstrates good judgment, inspires other, positive attitude, communicates ideas</p> <p>Comments:</p>
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FOLLOW-UP

Person to Contact _____ Address _____ Home Phone _____ Cell Phone _____ Email _____ Directions: Provide follow-up student information annually to include date of documentation	Employed in Field	Employed in Related Field	Employed in Unrelated Field	Active Military	Unemployed Seeking Work	Unemployed by Choice	Unemployed Disabled	Postsecondary College/University	Status Unknown
Name of college or university you are planning to attend:									
Have you been accepted to the college or university?									
Place of Employment:									