



Date: \_\_\_\_\_

This letter is to attest that I have examined \_\_\_\_\_ and found this  
(student name)

individual to be healthy and capable of attending clinical experiences as part of Wittenberg

University's BSN-Prelicensure nursing program. Any exceptions have been noted as follows:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of licensed independent provider

\_\_\_\_\_  
Printed name and credentials of licensed independent provider

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of licensed independent provider