

University of Delaware  
Department of Medical and Molecular Sciences  
Fainting/Seizures

Based upon the nature of phlebotomy, it is important for the instructors (University and Clinical) to be aware if a student has a history of fainting or seizures. The safety of both the students and the clinical patients is very important to the University and Clinical instructors. Please respond honestly so that we may be better prepared to assist you during the student laboratory section and the clinical practicum section of this course. Your responses will be kept confidential to the extent that they may be shared among the course instructors and the clinical instructors who will serve as your instructor(s).

I, \_\_\_\_\_ (student name, printed) have NO history of fainting or seizures as of this date \_\_\_\_\_.

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I, \_\_\_\_\_ (student name, printed) have a history of fainting. Please describe the circumstances below:

Where: \_\_\_\_\_ When: \_\_\_\_\_

Contributing factors: \_\_\_\_\_

\_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_

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I, \_\_\_\_\_ (student name, printed) have a history of seizures or seizure-like incidents. Please describe the circumstances below:

Where: \_\_\_\_\_ When: \_\_\_\_\_

Contributing factors: \_\_\_\_\_

\_\_\_\_\_

Symptoms of episode: \_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_

Controlled by prescribed medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

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\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date