**Health Science Program - Senior** **Questionnaire**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA: Weighted \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unweighted \_\_\_\_\_\_\_\_\_\_\_\_

Have you taken Medical Skills? Yes or No

Have you taken an Anatomy or Health Science 1 A & P class? Yes or No

What aspect of medical or health career are you interested in?

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

Are you interested in earning your CNA (Certified Nurse Assistant)? Yes or No

Please explain what interests you about caring for people’s health and your interest in pursuing a potential career as a health care professional...

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