Spinal Screening Workshop Attendance Sheet

Date _____ Basic ☐ Re-certification ☐ Number of Participants _____ HSR _____

Trainer _____ Zip Code _____ Required: Trainer's Phone # _____

	Name (PRINT LEGIBLY)	**Signature**	**E-Mail Address**	**High School Graduate/GED**
1				Y ☐ / N ☐
2				Y ☐ / N ☐
3				Y ☐ / N ☐
4				Y ☐ / N ☐
5				Y ☐ / N ☐
6				Y ☐ / N ☐
7				Y ☐ / N ☐
8				Y ☐ / N ☐
9				Y ☐ / N ☐
10				Y ☐ / N ☐
11				Y ☐ / N ☐
12				Y ☐ / N ☐
13				Y ☐ / N ☐
14				Y ☐ / N ☐
15				Y ☐ / N ☐

Note to Trainer: After the workshop please mail this attendance sheet, along with evaluations and completed large portion of the registration cards to: Vision, Hearing and Spinal Screening, Public Health Screening and Services Coordination Section, 1100 West 49th Street, PO Box 149347, Austin, TX 78714-9347 Rev 02/2024