**EYE CENTERS OF SOUTH FLORIDA**

**EXTERN INFORMATION SHEET**

**NAME: D.O.B.:**

**SCHOOL:**

**ROTATION DATES:**

**HAVE YOU HAD THE COVID-19 VACCINE: TYPE: DATE(S):**

**SOUTH FLORIDA ADDRESS:**

**CELL PHONE:**

**Preferred EMAIL: ALT EMAIL:**

**CAR MAKE, MODEL, COLOR, LICENSE PLATE:**

**EMERGENCY CONTACT PERSON:**

**RELATIONSHIP:**

**PHONE:**

**ADDRESS:**

**PERMANENT ADDRESS:**

**REQUESTED DAYS OFF:**

**BOARDS DATES (IF APPLICABLE):**

**OTHER EXTERNSHIP SITE(S):**

**WILL YOU BE DOING A RESIDENCY? IF YES, WHERE?**

**WHERE DO YOU PLAN TO PRACTICE?**

**DO YOU SPEAK ANY OTHER LANGUAGES?**