



Student Name	
UFID	
Date of Service	
Organization	
Point of Contact Name	
Email Address (if available)	

Instructions: Please write a brief description (250-500 words) of the Public Health Service activity that was undertaken and how it relates to public health.

How many hours of Public Health Service did you complete during this experience? _____

Required Signature:

I approve that this student has completed the listed number of Public Health Service hours above.

Preceptor/Contact Person Signature

Date