



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES
HEALTH SERVICES UNIT
Telephone: (868) 662-2002 Exts. 2149/2153 Website. www.sta.uwi.edu/health/

REQUEST FOR HOLD CLEARANCE FORM

ENTRANCE MEDICAL DATA
(Please complete in BLOCK letters)

DATE: _____

NAME: _____

ID#: _____

FACULTY: _____

ACADEMIC YEAR OF MEDICAL SUBMISSION: _____

DATE OF ADMISSION OF UWI: _____

CONTACT DETAILS: (H) _____ (C) _____

COMMENTS:

NB: Medical holds will be removed within one (1) week of submission application d