

PUBLIC HEALTH SERVICE FACTUAL REPORT

Name: _____

UFID: _____

Please provide the date of the Public Health Service.

Please provide the site/organization of the Public Health Service.

Please provide the name of the preceptor/contact person (in charge) of this Public Health Service (if applicable).

Please provide the email address of the preceptor/contact person (in charge) of this Public Health Service. (if applicable).

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? _____

I confirm that I attended this Public Health Service and complete the hours listed, and that I remain in compliance with the University of Florida Student Conduct and Honor Code.

Signature

Date