Stanford HEALTH CARE
STANFORD MEDICINE

Stanford Health Care/Stanford Children's Health

Visiting Resident Information Form

Stanford department/division name

Start date of rotation

End date of rotation

Last name

First name

Middle name

Email address

Date of birth

Cell phone number

Emergency contact name

Relationship

Emergency contact phone number

Medical license number (if applicable)

State

License expiration date

Medical school

Date of graduation (month/year)

Location

PGY	Specialty	Training site name & location	Dates of training
I			
II			
III			
IV			
V			
VI			
VII			

VR Signature

Today's date