



# Charles R. Drew University of Medicine and Science

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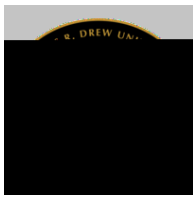


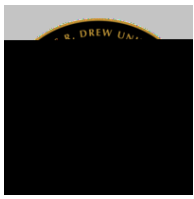


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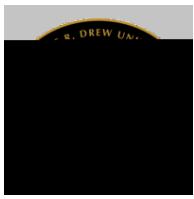








**Welcome**



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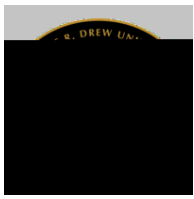




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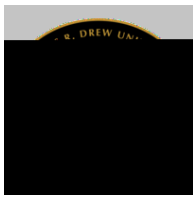
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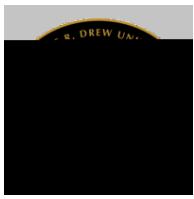
















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## Clinical

## Clinical and Academic Policies





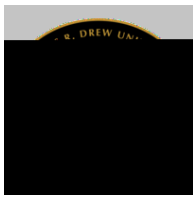
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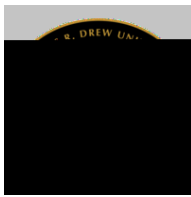
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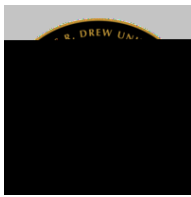
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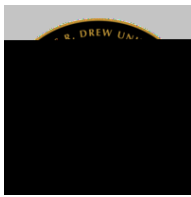




















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Part II - PHYSICAL EXAMINATION: to be completed by your health care provider. \_\_\_\_\_  
Age \_\_\_\_ Sex \_\_\_\_ Height \_\_\_\_ Weig

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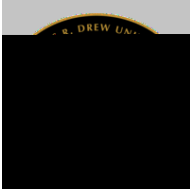




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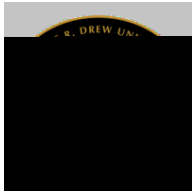






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## CONFIDENTIALITY AGREEMENT AND CONSENT TO VIDEO

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