

**Medical Assay Laboratory Inc.
Phlebotomy School
6002A S. Cass Ave
Westmont, IL 60559
630-515-0418
info@medassay.com**

Application for Admission

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone Number: _____

Alternative Phone: _____ E-mail address: _____

Date of Birth: _____

High School Attended: _____

Graduation Date: _____ Diploma: _____

College Attended: _____

Graduation Date: _____ Diploma: _____

References (2) and Phone#s: _____

Background Check is required before admission is granted.

