Moreno Valley College
Health Services

Extra Credit: Participation at health education outreach event

Student’s name: ____________________________________________

Instructor’s name/subject: __________________________________

Title of health event: ______________________________________

Date of event: ____________________________________________

Attendance verification by Health Services Staff:
Please stamp, sign and date __________________________________

1. List three things that you have learned from this event:

   A. _____________________________________________________

   B. _____________________________________________________

   C. _____________________________________________________

2. How does this apply to what you are learning in class and your personal life?

   _______________________________________________________

   _______________________________________________________

   _______________________________________________________

   _______________________________________________________