

**SPRINGHILL MEDICAL CENTER**  
**Instructors/Students**  
**General Review Test Scores**

School: \_\_\_\_\_

Instructor: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

*I have read and understand the General Review Packet and will do my best to help Springhill Memorial Hospital keep a culture of safety and customer service.*

| Student | Signature | Date | Test Score |
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*Please return to **Crystal McDonald RN, MSN, Clinical Coordinator**  
3719 Dauphin Street Mobile, AL 36608 or email to [crystal.mcdonald@springhill.org](mailto:crystal.mcdonald@springhill.org)*