



Mercy Hospital St. Louis
 School of Medical Laboratory Science
 615 S. New Ballas Road
 St. Louis, MO 63141
 314-251-6855

Medical Laboratory Science Program Reference Form

Applicant's Name (Please Print) _____

Date _____

Applicant, please check one:

<input type="checkbox"/>	I waive access to this reference form. It will be considered confidential.
<input type="checkbox"/>	I do not waive access to this form.

Applicant's Signature _____

Rating Scale: 5 = Superior 1 = Unsatisfactory N/A = Not able to observe

	5	4	3	2	1	N/A		5	4	3	2	1	N/A
Expresses ideas clearly in writing							Accepts criticism constructively						
Uses proper grammar							Works cooperatively in a group/team						
Spells correctly							Promotes a pleasant atmosphere						
Displays legible handwriting							Demonstrates attendance/punctuality						
Expresses ideas verbally							Accountable for actions						
Follows direction							Completes tasks on time						
Manages time effectively							Admits mistakes willingly						
Organizes work							Incorporates constructive suggestions						
Demonstrates ability to solve problems							Works independently as required						
Applies critical thinking							Demonstrates self-confidence						
Deals effectively with others							Displays initiative (self-starter)						
Performs tasks with speed and accuracy													

Please continue to page 2 of reference form.

For MLS Program Use Only:

Date Received: _____

Would you recommend this applicant for a career in medical laboratory science?

☐ Yes ☐ No ☐ With Reservation

Please comment on your recommendation:

Would you approve of this applicant performing your laboratory testing?

☐ Yes ☐ No ☐ With Reservation

Please comment:

Please provide a letter or recommendation or add any additional comments which would be helpful in our review of this applicant.

Signature _____

Position _____

Organization/Facility _____

Date _____

Please provide information on your relationship with this candidate.

	Instructor <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Other:
	Employer Company:
	Advisor: How long have you been advising this applicant? _____
	Other: How long have you known this applicant? _____

Please return completed form by email (in PDF format) to Michelle.Fahs@mercy.net (preferred)
or by US postal service to:

Mercy Hospital St. Louis – MAIN LAB
School of Medical Laboratory Science
Attn: Michelle Fahs
615 S. New Ballas Road
St. Louis, MO 63141