



Hello,

Congratulations and Welcome to BHN at Holyoke Health Center.

The following documents completion is **required** for the process of medical clearance for Holyoke Health Center. Please **read** the [Dress Code Policy](#), **sign** the [Medical Attestation form](#), **fill out and sign** the [Parking Agreement form](#), and **download and print** the [Immunization form](#) that must be completed by your PCP.

All forms must be complete **before your start date.**

Thank you,

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Duaa Saedi
Program Assistant Hiring & Recruiting | Integration
C: 413.579.7954
417 Liberty Street | Springfield, MA | 01104
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