Please complete questions 1-12 as honestly and completely as possible. Student Health Services will review your answers and complete sections 13 and 14, after you submit your responses. Do not leave any blank answers (you may write "none" where appropriate). You do **not** need to send this form to a physician to complete. You have already been accepted to the Off-Campus program and the information you submit will be used solely as an aid to providing necessary health care. Student Health Services will review the report and make recommendations about participation. These answers will be *shared* (and on site) with your Faculty Director(s). It will not be released to anyone else without your prior knowledge and consent. It will be shredded after your off-campus program ends. Please be aware that your medical records at Colgate University are confidential and will remain on campus while you are away.

1) Insurance (REQUIRED)

Please provide the provider and policy number of your health insurance.

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2) Operations (REQUIRED)

Please list dates and results of any operations you may have had.

3) Chronic Illnesses (REQUIRED)

Please indicate type, duration, treatments, limitations, and/or ongoing health needs.

4) Recent Illnesses/Hospitalization (within the past year) (REQUIRED)

Please indicate type, duration, treatments, limitations, and/or ongoing health needs.

5) Hospitalizations (in addition to any listed above) (REQUIRED)

Please indicate type, duration, treatments, limitations, and/or ongoing health needs.

6) Allergies (REQUIRED)

Please list all allergies, including those to food, medications, insect bites or bee/wasp stings, environmental exposure, etc. Please indicate if you are taking any allergy medicines (tablets, inhalers, injections—either over-the-counter and/or prescription, etc.) or carry an Epi-pen.

7) Physical and/or Learning Disabilities (REQUIRED)

Please indicate type, duration, treatments, limitations and/or ongoing needs. Also, if you receive accommodation on campus for a physical and/or learning disability, please describe the nature of the accommodation. If your mobility is compromised, please notify us immediately.

8) Do you have housing accommodations on file with Colgate's Office of Disability Services? (REQUIRED)

Yes No

9) Dietary Restrictions (REQUIRED)

(Food Sensitivity; Vegan; Religious restrictions; Gluten-Free). Please note that not all conditions can be accommodated in all off-campus locations. Please speak with the faculty director on this point.

10) Other(REQUIRED)

Please answer yes or no (and further describe if yes): a) Treatment or problems associated with drug/alcohol/chemical abuse or dependency b) Psychiatric/Psychological treatment or counseling c) Eating disorders (anorexia, bulimia, compulsive overeating)

confidential and will remain on campus while you are away.

11) Medications (prescription and/or over-the-counter) (REQUIRED)

Please list Brand names and health problems being treated. *Note that you will need to bring a supply of any medications for the duration of your off-campus program, as it might be difficult to refilled. If you are traveling overseas, please contact CISI insurance company for advice on carrying medication broad at mycisi.com.

12) Additional Information (REQUIRED)

Do you have, or have you had, any other health issues, conditions or problems which we should be aware of? If so, please explain.

13) Signature (REQUIRED)

The medical information provided above is complete and true to the best of my knowledge. I recognize that falsification or omission of information may jeopardize my own health and safety as well as that of other group members and could be grounds for non-participation (dismissal from the group). (Please type your name and date below and click submit. Student Health Services will complete sections 13 and 14 after you submit the form.)

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14) Medical Approval - To Be Completed by the Student Health Center

“I have reviewed this applicant’s records and I believe that his/her physical and mental health will permit him/her to participate in this particular event off campus both domestically and abroad. Attached is a copy of this applicant’s immunization record.”

15) Physician's Signature

Physician's Signature