Medical Disclosure Form

PLEASE ANSWER THE QUESTIONS BELOW:

1. Are there any medical issues that you would like to make the program director/college aware of?

   Yes__________________ No________________________

2. If yes to the above question, what do you think it is important for us to know?

   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

   Student Name ___________________ Student ID Number____________________

   Signature __________________________________________________________

   Date  __________________________________________________________________

3. If no, please sign below.

   I acknowledge that I was given to opportunity to disclose any medical issues to the program director/college/leader/instructor and have chosen not to. In the event there were an incident and the condition were not disclosed, the program director/college/leader assumes no responsibility nor liability.

   Student Name ________________________ Student ID # __________________

   Signature __________________________________________________________

   Date  ___________________________________________________________