

Washington Program Health Form

Name _____

Home Institution _____

Semester in Washington Fall _____(year) Spring _____(year)

Birthdate _____ Sex _____ Height _____ Weight _____

In your estimation, would you say that your general health is:

_____ Excellent _____ Good _____ Fair _____ Poor

Do you have any current physical or emotional condition, disability, or impairment which might necessitate adjustments in your schedule of work and study in Washington DC? If so, please explain.

Do you have any food allergies or dietary restrictions? (be specific please) _____

Do you have any known allergies to medications or vaccines? _____

Are you currently on medication or receiving medical treatment? If so, explain.

Have you had any serious illness in the last 3 years which required extended absence from school? **YES** **NO**

If yes, please explain:

Do you have any special needs that you would like to discuss with the Director of OCS? **YES** **NO**

Due to medical/privacy laws, the Dean of Students Office cannot inform the OCS office concerning any special accommodations for a learning difference. Do you have any accommodations you would like to discuss with the Director of OCS **YES** **NO**

I hereby verify that all of the information contained in this form is accurate and complete and acknowledge that any failure to provide accurate and complete information may result in OCS revoking approval for study abroad. I agree to notify the OCS office of any material changes in my health that occur prior to the start of the program.

Student Signature _____ Date: _____

Please return this form to: Off-Campus Study, Claremont McKenna College, Heggblade Center, 850 Columbia Avenue, Claremont, CA 91711-6420, Phone: (909) 621-8267, Fax: (909) 607-8690, bnanning@cmc.edu