



Iona College
 Iona in Mission
 Center for Campus Ministries

Medical Form

In order to be considered eligible to participate in this Iona in Mission immersion program, you are required to complete this Medical form. Please be as specific as possible. Answer all questions. Please indicate if a question is not applicable (N/A) to you. Make sure to sign the form once you have completely filled it out. All information will remain confidential and only administrators of the Iona in Mission program, trip moderators and healthcare personnel will have access to the medical form. The director of Health Services will review this form. If you would like to further discuss your medical condition (s) in person please make an appointment with health services: 914-633-2548.

Name: Last First M.I. D.O.B _____

Current Home Phone Number _____ Cell Phone Number _____

Current Address: Street _____ Apartment _____

City _____ State _____ Zip Code _____

MEDICAL HISTORY

	YES	NO	Please explain all positive responses in the space below.
Asthma			
Diabetes			
Seizure Disorder			
Heart Disease			
Gastro Intestinal Disease			
Neurological Disease			
Chronic Disease			
Renal Disease			
Visual Alteration			
Mental Health Issues			
Other			

*** PLEASE PRINT CLEARLY ***

List all allergies and reactions: _____

List all medication and indicated use: _____

List any physical restrictions: _____

Name of primary care physician: _____ Phone Number: _____

Emergency Contact Person: _____ Relationship _____

Home Phone _____ Cell Phone Number: _____

Work Phone Number _____

Printed Name: _____ Signature: _____

Date: _____

This health history is correct to the best of my knowledge. In the event that I become incompetent or otherwise unable to make my own health care decisions while traveling, I hereby grant permission to the trip moderator and any medical or surgical consultant deemed advisable, and any hospital to render on my behalf any medical and surgical treatment that they deem necessary. I understand that all possible effort will be made to inform me in case of such treatment.

Student Signature

A doctor's note of permission may be required for involvement on this Iona in Mission immersion

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

On the day of_____, in the year_____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public