HARTWICK COLLEGE
2012 Off-Campus J Term Medical Information and Release Form

- You must complete and sign this form in order to participate -

DISCLOSURE

The Hartwick College Off-Campus J Term Programs involve a variety of activities in settings that are generally unfamiliar to students. An off-campus course, by nature, will place participants in new situations that may elicit some fresh behaviors, some anxiety, and some new insights. One goal of off-campus programs is to provide students with new awareness about themselves as well as others.

Participation in the program involves risks not found in study at the College, which could include risks associated with traveling to and within and returning from one or more foreign countries or regions of the United States; unfamiliar or different political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; and other matters which may differ from how things work at home. Some programs may involve specific activities such as hiking, climbing, swimming, or other physical activities.

The information gathered on this medical form is intended to help inform Hartwick College staff and 0ff-Campus J Term Program Directors of any pre-existing health conditions, and to help determine if consultation with your physician is recommended prior to your program. If you have a pre-existing condition, participation in some programs or activities may not be recommended, and the College may require approval of your health care provider. By signing this release you are authorizing the sharing of this information with your Program Director and other Hartwick College personnel as necessary or appropriate.

Signature _____ Date _____

I. REQUIRED INFORMATION

Name (PLEASE PRINT):_____ Date of Program_____

Age_____ Date of Birth___/___/____ Social Security Number _____

Sex F____ M ____ Height _____Weight _____

HEALTH INSURANCE: All participants are required to have health/accident insurance coverage.

Name and address of insurance company:

_____

_____

_____

HEALTH INFORMATION:

Because even mild pre-existing health conditions can potentially become serious under the stresses of living in an unfamiliar environment, it is important to consider any factors that might limit your ability to participate fully in a particular program, require accommodations in order for you to participate fully, or pose a danger to the health and wellbeing of you or others. It is in your interest to provide a candid evaluation of yourself below.

1. Has your physical activity been limited at any point in the past five years? (Yes) (No)
If Yes, please explain below.

2. Have you consulted or been treated by a health care professional, other than for a routine check-up, at any point in the past five years? (Yes) (No)
If Yes, please explain below.

3. Have you ever been hospitalized or had an acute physical or mental health condition? (Yes) (No)
If Yes, please explain below.

4. Do you have any allergies? (Yes) (No)
If Yes, please explain below.

5. Will you need to take medications while participating in your chosen program? (Yes) (No)
If Yes, please explain below.

6. Do you have any health conditions, other than those identified above, that may affect your participation in your chosen program? (Yes) (No)
If Yes, please explain below.

7. Do you have a disability that will require accommodation during your participation in your chosen program? (Yes) (No)
If Yes, please explain below.

OTHER PHYSICAL INFORMATION:
1. Can you swim? (Yes) (No)
2. Date of last tetanus shot? _____
3. Indicate your level of fitness:
   ___little or no exercise on a regular basis
   ___occasional exercise, 1 or 2 times a week
   ___vigorous exercise (e.g., 20 minutes of running, fast walking or the equivalent) 3 times a week or more)
4. Are you currently certified in (circle all that apply): First Aid EMT CPR Adv. Lifesaving WSI

II. AFFIRMATION

I affirm that the information that has been provided by me is accurate and complete. I understand that failure to disclose relevant information could affect my own safety and the safety of those around me, and I agree to indemnify and hold Hartwick College and its trustees, officers, employees, agents and representatives harmless from and against any and all claims, demands, actions, suits and proceedings arising out of my failure to provide full disclosure.

I have read and I understand this statement.

Participant Signature:_____ Date:_____

Signature of Parent or Legal Guardian (if under 18 years of age) _____