



**REACH
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**RHODE ISLAND COLLEGE
CONFIDENTIAL HEALTH HISTORY FORM
FOR ACADEMIC FIELD TRIP/TRAVEL PARTICIPANTS**

Academic travel presents a variety of unusual physical and mental challenges. What are normally mild physical or mental health disorders can sometimes intensify under the stresses of such travel. In order for Rhode Island College to react appropriately in providing necessary assistance, we must be alerted to any medical or emotional conditions, past or current, that might affect your ability to participate fully in such a program.

All participants are strongly urged to have a physical examination prior to participation in an academic travel program.

GENERAL INFORMATION

Rhode Island College Program: _____

Name (print): _____

Age: _____

Height: _____

Weight: _____

HEALTH PROBLEMS (please use additional pages if you require more space)

List any recent (last 2 years) or continuing physical or mental health problems:

Are you currently under the care of a health care provider? If so, please provide the reason(s).

List any disabilities for which you may require an accommodation:

(continued on other side)

**RHODE ISLAND COLLEGE
CONFIDENTIAL HEALTH HISTORY FORM (continued)**

MEDICATIONS: List any medication(s) you use regularly, intermittently, or anticipate using while on this trip. Please be sure to indicate the reason for use of the medications.

ALLERGIES: List any drug, food, or environmental allergies and describe the reaction you have when exposed.

DIETARY: List any special dietary needs.

CERTIFICATION

I am aware of the rigors of this program. I understand that the information on this form will be treated in strict confidentiality. I understand that the failure to disclose fully my health status and history in advance of departure on my program may lead to serious health consequences. I understand and agree that if my health status changes prior to my departure, I will notify the program's leader. Further, I understand and agree that if my health status changes once the program has started, I will notify the program leader immediately.

Applicant Name (please print)

Applicant Signature

Date

IF STUDENT IS A MINOR, A PARENT OR GUARDIAN MUST SIGN THIS RELEASE

Parent or Guardian Name (please print)

Parent or Guardian Signature

Date

Please submit this form to College Health Services in Browne Hall and meet with a provider in that office. It is recommended that you do so at least 6-8 weeks prior to departure.