

# Grand Rapids Community College College Sponsored Student Travel Health Information Form

*The purpose of this form is to help GRCC be of maximum assistance to you should the need arise during your College Sponsored Student Travel experience. Mild physical or psychological disorders can become serious under the stresses of life while traveling. It is important that GRCC be made aware of any medical, psychological or learning problems, past or current, which might affect you. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. GRCC may not be able to accommodate all individual needs or circumstances. This information does not affect your admission onto the College Sponsored Student Travel experience.*

---

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Student ID #: \_\_\_\_\_ GENDER \_\_\_\_\_

BIRTH DATE (mm/dd/yy) \_\_\_\_\_

Trip/location you are participating on: \_\_\_\_\_

---

Yes\_\_\_ No\_\_\_ 1. Are you generally in good physical condition? (if no, please explain.)

Yes\_\_\_ No\_\_\_ 2. Are you currently being treated for any psychological or emotional problems? (if yes, please explain.)

Yes\_\_\_ No\_\_\_ 3. Do you have any allergies? (If yes, please explain.)

Yes\_\_\_ No\_\_\_ 4. Are you taking any medications? (If yes, please explain.)

Yes\_\_\_ No\_\_\_ 5. Have you had any major injuries, diseases, ailments, or operations in the past five years? (If yes, please explain.)

Yes\_\_\_ No\_\_\_ 6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)

Yes\_\_\_ No\_\_\_ 7. Is there any additional information (concerning medical condition, physical, or learning disabilities) that would be helpful for the program to be aware of during your travel experience? (If yes, please explain using the back of this form if necessary.)

***I certify that all responses made on this Health Information form are true and accurate, and I will notify GRCC's staff hereafter of any relevant changes in my health that occur prior to the start of the program.***

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_