

# STUDENT MEDICAL DISCLOSURE FORM

## PRIVATE & CONFIDENTIAL

In the past, staff at the Bermuda College have had to handle medical emergencies for students for which there was no medical information on file. To ensure that such situations do not recur, each student is asked to complete the Bermuda College Student Medical Disclosure form. Thus, in the event of a medical emergency, faculty members and other relevant Bermuda College staff will have been informed and be able to respond appropriately. This information will not be used to disadvantage the student in any way.

Information about Bermuda College students with medical conditions will only be disclosed to the Dean of Student Services and faculty members whose classes the student may attend. In case of a medical emergency, Security Officers may also be informed, in order to contact the proper authorities and to properly assist in administering aid to the student.

Title:  Mr  Mrs  Miss  Ms

(mark one of the boxes above)

Gender:  Female  Male  non-specified

(mark one of the boxes above)

Surname: \_\_\_\_\_ Maiden: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_

Program: \_\_\_\_\_

## EMERGENCY CONTACT PERSON:

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please note any medical condition(s) that may impede your academic progress:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any current medication you are taking for your medical condition(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Choose one of the following options.)

I \_\_\_\_\_ have nothing to disclose.

(Signature)

I \_\_\_\_\_ certify that I have given complete documentation of my medical condition(s).

(Signature)

I \_\_\_\_\_ do not wish to disclose my medical condition(s) at this time and I will not hold

(Signature)

Bermuda College liable as a result of my not disclosing my medical condition(s).

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_