

University of Georgia

Confidential Health Record for Warnell

We ask that you voluntarily fill in the all of the health information below. Disclosure of health conditions is not required for you to participate in a field course or other activity, but having information about pre-existing health conditions will enable the program staff to help you obtain proper medical assistance in the case of an accident or illness. While you are in class or participating in other activities, it is important that you continue any medical treatment or medication that you are currently receiving. We recommend that students with chronic health or mental health conditions discuss their participation in field courses or other activities with their health care providers.

Course or Activity Name and/or Number _____

Student Name _____ Student ID Number _____

Student Birth Date _____

Person to be Notified in Case of an Emergency

Name _____ Relationship _____

Phone: Home _____ Work _____

Address _____

E-mail _____

Please list any chronic health or mental health conditions for which you are currently receiving treatment or that might recur or be exacerbated by changes in the environment, diet, exercise or stress.

Please list any medications you are currently taking _____

What medications or other substances or organisms are you allergic to? _____

Are you on a medically restricted diet? If so, please explain. _____

Do you have a physician or mental health care provider who should be consulted in case of an emergency? If so, list name and phone number. _____

Course Accommodations for Students with Disabilities

UGA endeavors to provide reasonable course-related accommodations for students with *documented* disability conditions (e.g., physical, learning, psychological, etc.). If you are receiving disability-related accommodations at UGA, please attach documentation confirming the disability and information about accommodations currently provided to you (for example, a letter from Disability Services/Learning Disabilities Center in Clark Howell Hall). You will need to work with your instructor and the staff in Disability Services/Learning Disabilities Center to arrange accommodations (e.g. note taker, extra time or separate location for testing, housing accessible for wheelchairs, etc.). If you do not disclose disability-related needs or request accommodations prior to the start of the program, it will cause a delay in arranging special services while you are in class. Please provide this information at least 4 weeks before the course begins to allow time to arrange for accommodations.

Please provide details relevant to your request for accommodation(s) below.

Signature: _____ Date: _____