

Please answer the following questions (Give dates and details):

1. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the last 5 (five) years, other than routine? _____

2. Have you had any major injuries or operations? [] YES [] NO

If YES, what kind and when: _____

3. Has your physical activity been restricted during the past 5 (five) years? [] YES [] NO

If YES, describe: _____

4. Have you received treatment or counseling for a nervous condition, personality or character disorder, emotional problem or chemical dependency? [] YES [] NO

If YES, what kind and when: _____

5. Are you taking medication regularly? [] YES [] NO

If YES, what kind and when: _____

6. Do you have any physical disabilities such as paralysis, loss of vision, impaired hearing, etc.? [] YES [] NO

If YES, describe: _____

7. List below any hospital, illness or health insurance you carry. Please indicate policy numbers. Southwest Minnesota State University recommends all students carry health insurance.

Additional Comments or Information: (If more space is needed, please attach additional sheets identified with name and social security number.)

TREATMENT CONSENT AND RELEASE

In case of accident or illness, I give the University and its representative(s) full permission to secure medical, dental and/or surgical care which may include transport to a doctor or hospital of their choice, injection, examination, medication, and surgery that is considered necessary for my good health. I agree to pay all off-campus medical costs and fees, including costs and fees for all emergency medical treatment and transportation, in these events, I understand and agree that the University does not have any liability or responsibility for any injury or damage that may arise from such medical, dental and/or surgical care.

Student's Signature _____ Date: _____

If the student is under 18 years of age at the time of enrollment, a parent or guardian's signature is required before medical treatment can be provided.

Parental Signature _____ Date: _____