



# CONNECTICUT COLLEGE

## Medical Disclosure Form

PLEASE ANSWER THE QUESTIONS BELOW:

1. Are there any medical issues that you would like to make the program director/college aware of?
2. Yes \_\_\_\_\_ No \_\_\_\_\_
3. If yes to the above question, what do you think it is important for us to know?

---

---

---

---

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

4. If no, please sign below.

I acknowledge that I was given to opportunity to disclose any medical issues to the program director/college/leader/instructor and have chosen not to. In the event there were an incident and the condition were not disclosed, the program director/college/leader assumes no responsibility nor liability.

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_