

COLUMBIA COLLEGE HOLLYWOOD

NEW STUDENT DISCLOSURES

VOLUNTARY MEDICAL CONDITION DISCLOSURE

Please let us know if you have any ongoing health conditions (e.g. epilepsy, diabetes, heart issues, etc.) that might cause you to be unable to communicate in time of a health crisis (e.g. seizure, diabetic coma, etc.). This will help us aid you with the best medical attention in case of a medical emergency and enable us to provide necessary information to medical personnel should a problem arise.

ALL personal medical information will be kept strictly confidential.

1. Do you have ongoing medical condition(s) or concern(s)? (*Check NO or YES*):

NO - Skip questions 1-4. Print, sign, and date below.

YES - Answer questions 1-4, then print, sign, and date below.

1. My ongoing medical condition(s) (please specify):

2. Medication I take on a daily or emergency basis, including, if applicable, insulin:

3. In an emergency, I authorize Columbia College Hollywood to contact the doctor or medical professional who knows my medical history and/or the family member or friend listed below.

1. _____
My Doctor or Medical Professional

2. _____
My family member or friend

Phone number

Phone number

Email Address

Email Address

Other contact information

Relationship to me

Student's Name (*Please print*): _____

Student's Signature: _____ Date: _____