

Statement of Medical History

(To be filled out by parent or guardian and signed by your physician.)

Student's Name _____

Social Security # _____ Gender _____ Birth date _____

Medical Conditions or restrictions on activities: _____

Allergies to specific medications, specific foods, insects, etc: _____

Surgery: _____

Hospitalization: _____

Medications: _____

Immunizations:

Tetanus (last booster, date) _____

Polio (last booster, date) _____

Measles (date) _____

Mumps (date) _____

Rubella (date) _____

Health Insurance Company: _____ Policy #: _____ I.D. #: _____

Physician's Statement of Health

_____ is in good health and able to participate in the Information Technology Governor's Institute (includes, swimming, and outdoor activities) with the following restrictions:

Signature of Physician: _____ Date: _____

Please TYPE or PRINT Physician's Name, Address, and Phone Number:

Please sign and return by June 1, 2007 to:

Ann DeMarle

Governor's Institute of Vermont In Information Technology

Champlain College, 163 S. Willard Street, Burlington, VT 05402

E-mail: demarle@champlain.edu



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