BOSTON UNIVERSITY
MARINE PROGRAM

Please Print

Last Name: ____________________ First Name: ____________________

Social Security #: ____________________ University ID: ____________________

Program/City: ____________________ Home Institution: ____________________

Indicate program semester and year: ☐ Fall 20____ ☐ Spring 20____ ☐ Summer20____

Please be honest and comprehensive. The confidential information you provide cannot and will not be used to disqualify you from the program.

Gender: M F

Height: W eight:

Glasses: ☐ No ☐ Yes Contact Lenses: ☐ No ☐ Yes

Physician's name:

Physician's address:

Street

City

State

Zip

Physician's phone: ( )

If you answer YES to any of the following questions, please provide details of the condition and the treatment you received or are continuing to receive. Please contact us if any conditions or treatments change before the start of your program.

1a. Are you currently under medical treatment?
☐ No ☐ Yes (explain)

1b. Do you have any chronic medical conditions (e.g. asthma, diabetes, etc.)? ☐ No ☐ Yes (explain)

2a. Are you currently taking any medication?
☐ No ☐ Yes (explain and name medication)

2b. Is this medication for a temporary or ongoing condition? ☐ temporary ☐ ongoing
What condition?

2c. Please list all prescription medications you will bring with you:

2d. Are you allergic to any medication? ☐ No ☐ Yes (explain)

2e. Will you need any inoculations overseas?
If so, what and when?

3a. Please list any dietary restrictions/preferences.

3b. Please list any allergies, food or other .

Make a copy for your records. Return within two weeks to:
Boston University Marine Program, 7 MBL Street, Woods Hole, MA 02543
Hhone: 508-289-7499 Fax: 508-28-7950

STUDENT NAME____

4. Have you ever been or are you currently being treated by a psychologist or other mental health practitioner for an emotional disorder? ☐ No ☐ Yes (explain)

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____
____

5a. Do you or might you have an eating disorder?
☐ No ☐ Yes (explain)

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5b. Have you ever had an eating disorder?
☐ No ☐ Yes (explain)

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6. Do you have a history of drug or alcohol abuse?
☐ No ☐ Yes (explain)

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7. Do you have any learning disabilities or physical impairments? ☐ No ☐ Yes (explain)
Note: If you require reasonable accommodations in order to complete the requirements of the program, you must contact our office in writing in a separate letter within two weeks of acceptance.

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8. Are you pregnant or do you have any reason to suspect you might be? ☐ No ☐ Yes (explain)

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9. Have you had any diseases or significant injuries within the last five years? ☐ No ☐ Yes (explain)

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10. Have you had any surgical operations or been advised to have any? ☐ No ☐ Yes (explain)

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11. Is there anything else about your health or medical history that may be a factor should there be an emergency?
☐ No ☐ Yes (explain)

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Authorization Statement
I hereby authorize the release of information from my medical history upon the request of the Boston University Marine Program. I further authorize the release of information by the Boston University Marine Program to its administrative centers and to cooperating or affiliated institutions. I certify that the information on this Medical Information Form is true and correct, and I will notify the Boston University Marine Program hereafter of any relevant changes in my health that occur prior to the start of the program.
I understand that this information will be used only for the purposes for which it was prepared.

____
Student Signature Date

Boston University Marine Program, 7 MBL Street, Woods Hole, MA 02543
Phone: 508-289-7499 Fax: 508-28-7950