MULTICULTURAL STUDENT SERVICES DIRECTORS' COUNCIL

MEDICAL QUESTIONNAIRE –Insert your college name

Please complete the following medical questionnaire and return it with your registration. The information will assist us in quickly knowing what to do for you in an emergency. Unless prohibited by law or policy, the college and it agents will hold this information in strict confidence.

Yes	No	
		Do you have any allergies, or have you had any bad reactions to any drugs? If so, which ones, and what were the effects?
		Do you take any medication currently?

Please list medications you are currently taking:

_____
_____
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_____ _____

Signature Date

Return complete form with your registration