

Beeson CCMP Medical Information Questionnaire

1. Do you have any medical conditions for which you are under the regular care of a physician or other health provider? If so, please give a brief description.
2. Do you have any health conditions that could prevent you from participating in any course-related activities? If yes, please explain.
3. If you are taking any prescription medications regularly, do you have a plan to ensure that you will have what you need for the duration of the trip?
4. Do you have any acute allergies to any medications, foods, insects, animals, or any other agents? If yes, please describe what you are allergic to and describe the effects.
5. Are you on a restricted diet, whether it is medically necessary or voluntary (e.g., gluten-free, vegetarian)? If yes, please explain.
6. Are there any other special arrangements you would need while abroad, medical or otherwise, that you wish to mention here?

I, _____, give permission to Beeson Divinity School to share the information above with my prospective CCMP site mentor, so that they may be well-prepared to support me and my health needs during the CCMP.

Student Signature: _____

Date: _____