Some biology courses require field work. This work may be conducted in a variety of weather conditions and settings. Field work, even for a few hours, carries some risk and may exacerbate some existing medical conditions.

In the unlikely event that a medical emergency occurs we request information regarding student’s knowledge of pre-existing medical conditions that may impact their ability to conduct field work.

This information is treated as confidential and is only used by the instructors. In the event of a medical emergency, this information may be shared with medical staff and safety officers.

Your cooperation helps us help you in times of need.

**Student name: Circle ALL course(s) you are taking:**

 **BIOL 325 BIOL 315**

**Student ID:**

 **BIOL 372**

**Have you had a tetanus shot in the past 5 years?**

 **YES/NO/I HAVE NO IDEA**

**Are you aware of any pre-existing medical condition that may impact your ability in the field? (e.g. epilepsy, severe allergic reaction, diabetes, asthma)**

 **YES/NO**

**Are you aware of any other injury or condition that might limit your ability in the field?**

**(e.g. back/knee/ankle injury)**

 **YES/NO**

**Please list your condition/s:**

**If you have an allergy, how severe is your reaction? (please indicate which suits your condition best)**

**MILD – some swelling, redness, can take antihistamines**

**MODERATE – serious swelling, hives, can take antihistamines but will experience discomfort for several days**

**SEVERE – swelling, anaphylaxis, loss of consciousness, vomiting, probably best to get me to a hospital**

**Do you currently take medication or have an Epipen for your condition? YES/NO**

**If YES, please remember to take your medication before, or bring your medication on, ALL field trips even if it seems unlikely that you will need it.**

**If a medical emergency occurs, please provide details of someone we should notify on your behalf.**

 **Name:**

 **Phone number:**

**Student signature:**

**Date:**