

Simon's Rock College of Bard
Student Health Services
84 Alford Road, Great Barrington, MA 01230
(413) 528-7357 Fax (413) 528-7358

Failure to return this form will result in withholding of student's midterm or final grades

Returning Student Medical Form

Student's Name _____ Date of Birth _____
Parent's/Guardian's Name _____
Address _____
Phone# _____ Fax _____ Cell _____
Business Address _____ Phone _____

The following information is required of returning students so that our medical records may be kept up to date. Please note: the information requested is for the time period that the student has been away from Simon's Rock. Thank you for your cooperation.

Please check and give pertinent information about the following:

For TB Screening: **(Within The Past Year)**

Have you visited one country abroad for more than 1 month's time ? _____

If yes, which country? _____

New Immunizations (please include documentation from clinic/office)

Tetanus Booster: _____ Other _____

Medications _____

Accidents or Injuries: _____ Illnesses _____

Hospitalizations _____

Medication Questionnaire

Is your child taking any medication for depression, anxiety, mood disorders, ADD, or ADHD?

Yes ___ No ___

If yes, please list medications, doses and schedule _____

**If you answered "yes" to the above question, you must read and complete the
Simon's Rock College Medication Policy**

Parent's Signature _____ Dare _____

If your insurance has changed, please photocopy both sides of the new insurance card.