



PROVIDENCE
THEOLOGICAL SEMINARY
— EST. 1972 —

MEDICAL INFORMATION FORM

First Name: _____ Middle Name: _____ Last Name: _____

Please fill out the questions below honestly and with as much explanation as possible. PLEASE NOTE, if YES on any of these questions, please state any type of medications or learning/physical assistance that may be required. Please include history, current situation, date, and treatment if applicable. If you are currently using medication, receiving treatment, or require special accommodations, you may be required to have your health professional or physician submit a report. This information will remain confidential.

1. In which Canadian province do you have medical insurance/coverage?
(not applicable for new international students)

2. What is your province medical policy number? (not applicable for new international students)

NOTE: International and U.S. students must enroll in the Manitoba International Students Health Insurance Plan.

3. Do you have any allergies, medical conditions, and/or require any physical or academic accommodations? Yes No

If yes, please explain:

4. Have you ever had any mental health issues? Please check those (if any) that apply.

Depression Yes No

If yes, please explain:

Eating Disorder Yes No

If yes, please explain:

Addiction Yes No

If yes, please explain:

Suicidal Intent Yes No

If yes, please explain:

Panic/Anxiety Disorder Yes No

If yes, please explain:

Other Yes No

If yes, please explain:

If more space is needed, please use the space below: