



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 & US students are required to have health coverage through either Manitoba Health or the Manitoba International Students Health Insurance Plan (MISHIP). Upon arrival with their study permit, they may be eligible for free medical insurance under Manitoba Health.

3. Do you have an allergies, medical conditions, diseases, physical handicaps or learning disabilities?

If yes, please explain:

4. Have you ever had any mental health issues like depression, suicidal intent, eating disorder, panic/anxiety disorder, addiction?

If yes, please explain:

5. Is there a mental health issue that you have struggled with that isn't listed above?
If yes, please explain:

If more room is needed for questions 3-5, please use this space below:
