

Is there any ongoing medical treatment that should be continued while the student is attending Allegheny College, including counseling?

_____ Yes _____ No

If yes, please explain _____

Is there loss or seriously impaired function of any organ?

_____ Yes _____ No

Physical Education Requirement (PE / Intramurals / Other): Explain any limitations: _____

Health Care Provider's Signature _____

Date _____

Print Last Name _____

Address _____