

ENGINEERING

INNOVATION

The Future is Yours

2024 Physician/Medical Provider Form

Parent/Guardian may complete this form, but it must be signed by a medical provider. Please complete the form clearly, legibly, and in English.

STUDENT INFORMATION

Name: First _____ Middle _____ Last _____

Date of Birth: Month _____ Day _____ Year _____ Gender _____

Medical information contained on this form and otherwise collected as part of enrolling in the Program will be shared with appropriate office and support staff. For students enrolled in a residential program, this information will be shared with the site Residential Director and site Wellness Coordinator. For all students, this information will be shared on a need-to-know basis with instructors, teaching fellows, teaching assistants, and resident coordinators. In the event your student needs to see a medical professional off site, this information will be shared with treating medical professionals so that appropriate care may be provided. Administrative and support staff will also have access to this information for review prior to the program as well as for clerical purposes of filing and keeping a student record up to date. Medical information may also be shared with local enforcement agencies in the event of outbreaks or investigation.

HEALTH HISTORY

The following questions are to ensure safe and successful participation in the Explore Engineering Innovation, Sustainable Energy Engineering and ISPEED BME programs, and to assist us with providing prompt and appropriate medical care, should it be needed.

Information regarding a student's special needs, prior or present psychological counseling, physical, social, emotional, medical, nutritional, or educational requirements must be communicated in writing in this form and is treated in a confidential and professional manner. Receiving relevant background information allows the Johns Hopkins staff to remain informed about potential or ongoing concerns so they can be the best resource possible for all students. Failure to disclose this information may result in the student's dismissal from the Johns Hopkins program with no refund.

ALLERGIES

Please list any allergies (food, medicine, environment, etc.) as well as the reaction to the allergen, and any medications taken to prevent or treat allergic reactions. You may attach additional pages if needed. If none, please enter N/A.

Allergy	Reaction	Medication

RECURRENT OR CHRONIC CONDITIONS

Please list any recurrent or chronic conditions with which the student has been diagnosed (kidney disease, diabetes, seizure disorder, migraines, etc.). You may attach additional pages if needed. If none, please enter N/A.

1) _____	2) _____	3) _____
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MEDICATIONS

Please list all medications taken, including dosage and timing, and the reason for the medication. *Students will be responsible for storing their own medication and taking medications according to their prescriptions.* Your student should bring sufficient doses of prescription medication, as well as over-the-counter medicine, to last the duration of the program. Any prescription medication that is shared or sold is grounds for immediate dismissal from the Johns Hopkins program with no refund. You may attach additional pages if needed. If none, please enter N/A.

Medication Name	Dosage	Frequency (morning, evening, as needed, etc.)	Notes/Reason for taking medication

ADDITIONAL INFORMATION

Please provide any additional information regarding your physical, mental, or behavioral health that may be helpful to the Explore Engineering Innovation, Sustainable Energy Engineering, or ISPEED BME staff. You may attach additional pages if needed. If none, please enter N/A.

DIETARY RESTRICTIONS

Please provide information on any dietary restrictions. You may be asked to provide documentation of the need for each request (e.g., food allergies, religious dietary requirements, etc.).

ACCOMMODATION REQUESTS

If your student will need disability related accommodations, they must first become affiliated with the [JHU Student Disability Services](https://studentaffairs.jhu.edu/disabilities/) office and provide documentation of the disability. **Please begin this process as soon as possible – ideally by May 1.** Please reach out to the **JHU Student Disability Services (SDS)** coordinates the official academic and housing accommodations process. You will find information on how to complete an SDS accommodation request on the Policies and Services page of the Engineering Innovation website: <https://ei.jhu.edu/students/policies-and-services/> and on the Student Disability Services website: <https://studentaffairs.jhu.edu/disabilities/>

PARENT INFORMATION AND SIGNATURE

By signing below, I acknowledge that the information on this form is complete and accurate and that the student is able to independently manage their medications. I also acknowledge that I intend to be bound my signature below and understand and agree that a photograph and/or scanned copy of my signature has the same legal validity and effect as a manual signature and that Johns Hopkins University may rely on it as such.

Parent Name: _____

Parent Signature _____

Date: _____

MEDICAL PROVIDER INFORMATION AND SIGNATURE (Required even if there are no medical conditions, allergies, or medications to report)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

By signing below, I acknowledge (1) that I have reviewed the information on this form, (2) that I find that the information is complete and accurate, and (3) that the student is able to independently manage their medications. I also acknowledge that I intend to be bound my signature below and understand and agree that a photograph and/or scanned copy of my signature has the same legal validity and effect as a manual signature and that Johns Hopkins University may rely on it as such.

Medical Provider’s Signature _____

Date: _____