

# 2019 Columbia University Teachers College

## Summer Humanities & Engineering Academy Health Questionnaire

**Students:** Welcome to the Summer Humanities & Engineering Academy. Before you begin your program on campus, it is necessary that you provide the program with: **(1)** proof of immunity in accordance with the New York City Department of Health & Mental Hygiene and New York City Department of Education requirements; **(2)** accurate and complete health-related information; and **(3)** if you are under 18, written authorization by your parent or guardian for provision of medical treatment. This information will be kept in strictest confidence by the program and shared only when necessary. Please be sure to complete all relevant sections of this questionnaire. Completed questionnaires and health/immunization forms should be uploaded on the program's website.

**Your Name** **Date of Birth** **Male** **Female**

**Address**

**Telephone or Cell  
Phone Number(s)**

**Parent/Guardian Contact Information:**

<b>Name</b>	<b>Relationship</b>
<b>Address</b>	<b>Home Phone Number</b>
	<b>Cell Phone Number</b>
	<b>Business Phone Number</b>

**In case of emergency please notify:**

Check here if same as Parent/Guardian Contact information above

<b>Name</b>	<b>Relationship</b>
<b>Address</b>	<b>Home Phone Number</b>
	<b>Cell Phone Number</b>
	<b>Business Phone Number</b>

**Secondary Emergency Contact:**

<b>Name</b>	<b>Relationship</b>
<b>Address</b>	<b>Home Phone Number</b>
	<b>Cell Phone Number</b>
	<b>Business Phone Number</b>

**Physician's Contact Information:**

<b>Name</b>	<b>Phone Number</b>
<b>Address</b>	<b>Fax Number</b>

**MEDICAL/SURGICAL HISTORY**

Please complete the following:

Date of participant's last tetanus shot:

Are there any identified health conditions (including but not limited to asthma, diabetes, and epilepsy) that may need emergency treatment?    No    Yes (*If yes, then provide a physician's statement*)

Please list any medical and behavioral health conditions    None

Have you ever been hospitalized (including surgeries)?    No    Yes (*If yes, please list the date(s) of all hospitalizations and the nature of the condition(s)*)

Please list below all medication (including non-prescription or over the counter medication) you are currently taking. Please indicate the condition for which you are taking the medication. Include dosage and frequency.\*\*

Medication Trade Name	Generic Name	Associated Health Condition	Dosage and Frequency

Are you allergic to any medications, foods, environmental agents, or other substances?    No    Yes  
 If yes, then please list below and describe the allergic reaction you have experienced:

Allergen/Medication	Reaction	Treatment (if any)

**Continuing Medication Administration During the Summer Program**

\*\*Since Staff personnel are not health professionals with training in medication administration, participants must be able to self-administer medications. The program director or Assistant Director will oversee the teen as he/she self-administers the medication to ensure that the medication is taken at the designated time(s) and that it is administered by the teen.

Exceptions to this procedure are as follows: Staff personnel will administer medication for anaphylaxis (e.g., Epi-pen), and then call for emergency medical treatment (911). If the physician’s order includes a repeat injection, the parent must supply a second dose of anaphylaxis medication.

If it is necessary for a teen under the age of 18 to take over-the-counter or prescribed medication during program hours, an authorization for medication form must be completed in full by the parent or guardian and the teen must have taken the medication at least once without any negative reaction before bringing it to the program.

All medications must be brought to the program in the original pharmaceutical container and labeled with the teen's name, medication dosage and schedule. Only the exact amount of medication should be delivered to the program. If the parent does send more than the specific quantity and does not collect the unused medication within one week after the program has ended, the program will discard the unclaimed medication. All measuring utensils used for administering medications must be labeled with the teen's name and brought in with the medication. All half dosages must be split prior to the start of the program.

Completed forms should be should be uploaded on the program's website.

Program Staff will store the medication in a secured, non-refrigerated area that is accessible only to authorized personnel.

## IMMUNIZATIONS

All participants who attend the Summer Humanities & Engineering Academy must be immunized in accordance with the New York City Department of Health & Mental Hygiene and New York City Department of Education requirements.

***CH-205 Health Exam Form*** must be completed by your family pediatrician and **submitted hard copy in person during program registration.**

Individuals who come from an area where tuberculosis is endemic should have a Tuberculosis Skin Test (PPD) or the IGRA blood test (QuantiFERON Gold or T Spot), and follow the provider's recommendations regarding any **positive result.**

## HEALTH INSURANCE

All students are required to have health insurance coverage, which includes emergency care and major medical coverage for hospitalization. Students are required to bring proof of insurance coverage with them. Please provide your health insurance coverage information below and include a copy of the front and back of the insurance card with this form.

Insurance Company  
Subscriber Name  
Relationship to Student  
Insurance Policy and Group Number  
Insurance Company Telephone Number

## **AUTHORIZATION TO SEEK MEDICAL ATTENTION FOR STUDENT UNDER 18 YEARS OF AGE**

*(Signature of parent or guardian is required if the student will be under 18 years of age on the first day of the program.)*

I, \_\_\_\_\_, do hereby verify that the student named on this form to the best of my knowledge is free from contagious disease, is fully immunized, and is able to participate fully in the summer program. In Case of a medical emergency I authorize the staff of the Summer Program and any other entity offering educational services in conjunction with the Summer Humanities & Engineering Academy to seek emergency medical attention for the student named on this form. I understand that the program and organizers do not carry accidental injury insurance on students and I waive and release the program's organizers, and their employees for any personal injuries, illness, loss, or damage to property. I agree to assume liability for any expenses incurred in such an emergency (transportation, hospitalizations, x-rays, etc.).

**Signature**

**Date**

**Relationship to Student**