

## Medical Information

Does the applicant have any physical handicaps or allergies which would limit her participation in any school activities?

No \_\_\_\_\_ Yes \_\_\_\_\_

Does the applicant take any prescribed medication or need any special medical attention? No \_\_\_\_\_ Yes \_\_\_\_\_

Does applicant or has applicant used the services of a professional counselor in private practice, psychologist, psychiatrist, or educational counselor?

No \_\_\_\_\_ Yes \_\_\_\_\_

Does the applicant have any significant emotional or behavioral problems not requiring professional help? No \_\_\_\_\_

Yes \_\_\_\_\_

Does the applicant have any illness, disease or disability which may affect the applicant's general health, school work, or participation in physical activity?

No \_\_\_\_\_ Yes \_\_\_\_\_

Does applicant have or exhibit any learning disabilities? No \_\_\_\_\_

Yes \_\_\_\_\_

Has the applicant been tested? \_\_\_\_\_ Date of Test \_\_\_\_\_

Name/Type of Test \_\_\_\_\_

Please describe in more detail any **yes** answers to the above questions.

---

---

---

---

---

---

---

---

---

---

I/We give Mount de Chantal Visitation Academy permission to contact the following named practitioner to receive more information concerning any of the above situations.

Signature: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name,

Address, and Phone Number of Doctor, Psychiatrist, Psychologist, Therapist, or other professional:

---

---

---

---

---