

ST. ALBERT'S COLLEGE
MEDICAL & EQUITY FORM

Completion of this form allows St. Albert's College to assist in making your stay with us more enjoyable. The information you provide on this form will be released to your Floor Resident Advisor and Pastoral Assistant to assist you – this information will be kept confidential. A copy will be placed on your student file.

Name: _____ Floor: _____ Block: _____

Do you suffer from any of the following: (Please tick any that are applicable)

- Asthma
- Learning disorder (Dyslexia, attention deficit etc) – describe: _____
- Diabetes – what type? _____
- Epilepsy – what type? _____
- Allergies – what type? _____
- Other (ie: physical, blood disorder, wasting etc)

Please provide details on management of condition ie: medication, triggers etc.

Do you suffer from any of the following: (Please tick any that are applicable)

- Depression
- Schizophrenia
- Psychosis
- Anxiety
- Bi-polar
- ADHD
- Other:

Please provide details on management of condition ie: medication, triggers etc.

Do you suffer from any physical limitations?

- Loss of limb – describe: _____
- Skeletal disorder – describe: _____
- Muscle disorder – describe: _____
- Skin disorder – describe: _____
- Blindness – what percentage? _____
- Deafness – what percentage? _____

Please provide details on management of condition ie: medication, routine etc.

Is there any activity within College that you are unable to perform/complete due to your condition?

Have you registered your condition etc with the UNE Equity Office?:

Yes

No

