

**CORNELL COLLEGE**  
**Mt. Vernon, Iowa**

**Faculty/Staff Medical Information Form**

**Destination(s):** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **through** \_\_\_\_\_

**Faculty/Staff Member Name:** \_\_\_\_\_

Please list the names of any additional people (other than Cornell students) who will be traveling with you, as well as their roles in this trip:

\_\_\_\_\_  
\_\_\_\_\_

While Cornell College is covered by EIIA (Educational & Institutional Insurance Administrators) during educational trips off-campus, it is important for faculty/staff to have their own medical insurance policy while off-campus.

\_\_\_\_\_  
Insurance Plan

\_\_\_\_\_  
Insurance Card Number and Expiration Date

\_\_\_\_\_  
Primary Physician

\_\_\_\_\_  
Phone Number of Primary Physician

In case of an emergency, I grant Cornell permission to contact the following individual and discuss any medical or personal situation I may have encountered:

\_\_\_\_\_  
Name and Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Numbers (home, work, cell)

I authorize Cornell College or any of its agents to provide or authorize any reasonable, incidental and/or emergency medical treatment, and I accept the responsibility to pay for such treatment. I understand that I may request reimbursement by filing a claim for workers' compensation insurance coverage, and a determination will be made by the company at that time.

I certify that I have the necessary quantity of all my medication needed for the duration of the trip and assume all responsibility for taking said medication.

I certify that I have obtained information regarding all immunizations necessary and/or recommended for travel to the country or countries listed above.

I take this opportunity to self-disclose any pre-existing medical conditions:

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\_\_\_\_\_  
Cell Phone

Will you have this cell phone on this trip?

Yes

No

\_\_\_\_\_  
Faculty/Staff Signature

\_\_\_\_\_  
Date

*Please submit this form, along with a trip itinerary, including telephone contact numbers, to the International and Off-Campus Studies*

*Revised 3/1/11*

*Please return this form to the Office of International & Off-Campus Studies [2<sup>nd</sup> Floor, Old Sem] prior to your departure.*