

**MEDICAL QUESTIONNAIRE**  
**UMass Summer Field School**

Are you presently on any medications: Yes \_\_\_ No \_\_\_. If yes, please fully describe the medication and the reason for its use / and how it might affect your participation in the Field School.

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The field school involves strenuous physical labor. Do you have any medical problems that would prevent you from undertaking this labor or that might lead to complications in the field? Yes \_\_\_ No \_\_\_. If yes, please fully describe them and what steps can be taken to avoid these problems/and what can be done in a field situation to accommodate you.

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