

## General Information Questionnaire

### Personal Information:

Name (Last, First, MI): \_\_\_\_\_ UM EMU (circle one)

E-mail address (one that you can check every 48 hours) \_\_\_\_\_

College Address (if known): \_\_\_\_\_

What campus dormitory will you live in (if known), or do you have other arrangements? \_\_\_\_\_

\_\_\_\_\_

Campus Phone # (if known) \_\_\_\_\_

Cellular Phone # (if you have one) \_\_\_\_\_

Are you interested in moving into your dormitory on Friday, 27 August?      Yes      No      (circle one)

Are you interested in storing items in the Chemistry Building during training?      Yes      No      (circle one)

How are you planning to get to orientation? \_\_\_\_\_  
(Mode of travel, e.g. airplane, car, train, bus, etc.)

Please list any medications or supplements you are currently taking, including dosage, frequency, and condition necessitating medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: If you are taking medications at the time of arrival to orientation you will be required to inform the training staff and present the medications to them for safe keeping and administration. The training staff will make sure they are administered to you at the proper times. Any over the counter medications that are needed will be administered if necessary.

Allergies to medication, food, certain environmental conditions, animals, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions (e.g. Kosher, vegetarian, etc.): \_\_\_\_\_