

**REUNION REPORT QUESTIONNAIRE**  
**SUBMISSION DEADLINE: December 3, 2021**

Thank you for participating in your class's Reunion Report. The best reports are those that have the greatest participation, so we welcome your entry. Please review this important information as you get started:

- By providing information for the Reunion Report, you agree to the Data Disclosure Policy shown here: [alumni.hms.harvard.edu/reunion-report-data-use-disclosure](https://alumni.hms.harvard.edu/reunion-report-data-use-disclosure).
- You must confirm your mailing address to receive a Reunion Report book. To do so, simply provide your address in this form or call 617-384-8443.
- All information will be printed as entered. Please print legibly and proofread your entry.
- To provide information to HMS but omit it from being printed in the Reunion Report, write "omit" next to lines you want to be redacted.

Save time and ensure accuracy by submitting online at <https://aad.hms.harvard.edu>. If you have any questions, please call 617-384-8443.

- Yes, I want to help defray the cost of this publication with a voluntary payment of \$55.  
Enclosed is my check payable to Harvard Medical School.

**NAME AND BIOGRAPHICAL INFORMATION**

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Name: \_\_\_\_\_  
                    prefix                    first name                    middle name                    last name                    suffix

Nickname: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

HMS Degree: \_\_\_\_\_ Year: \_\_\_\_\_ HSDM Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Society: \_\_\_\_\_

**HOME CONTACT INFORMATION**

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Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country or Territory: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**EMAIL ADDRESSES**

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*Reunion updates and registration information will be sent to your primary email address.*

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

## SOCIAL MEDIA

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Facebook Name or URL: \_\_\_\_\_ Twitter Handle: \_\_\_\_\_

LinkedIn Name or URL: \_\_\_\_\_

## SEASONAL ADDRESS

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From (MM/DD): \_\_\_\_\_ To (MM/DD): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country or Territory: \_\_\_\_\_ Seasonal Phone: \_\_\_\_\_

## EMPLOYMENT INFORMATION

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Job Status (check one):  Full Time  Self-Employed  Temporary  Retired  
 Part Time  Unemployed  Volunteer  Semi-Retired  
 Other: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country or Territory: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Website: \_\_\_\_\_

## PREFERRED ADDRESS

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*Your class's Reunion Report book and Reunion invitation will be sent to this address.*

Preferred Address (circle one): Home, Business

## PROFESSIONAL INFORMATION

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Briefly describe your *current* research and/or health-related area(s) of interest.

*Please separate interests with semicolons.*

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List your *current* professional appointments, memberships, and activities.

Please list as: Title, Organization; Title, Organization. Use the full names of organizations instead of acronyms.

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List your *current* civic, community, and volunteer activities.

Please separate activities with semicolons.

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## SPOUSE/PARTNER

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Marital Status (check one):  Single     Married     Partner  
 Separated     Divorced     Widowed

Name: \_\_\_\_\_  
                    prefix                      first name                      middle name                      last name                      suffix

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

## CHILDREN

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List additional children on a separate sheet.

first name                      middle name                      last name                      gender                      date of birth (MM/DD/YYYY)

first name                      middle name                      last name                      gender                      date of birth (MM/DD/YYYY)

first name                      middle name                      last name                      gender                      date of birth (MM/DD/YYYY)

## GRANDCHILDREN

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List additional grandchildren on a separate sheet.

first name                      middle name                      last name                      gender                      date of birth (MM/DD/YYYY)

first name                      middle name                      last name                      gender                      date of birth (MM/DD/YYYY)

first name                      middle name                      last name                      gender                      date of birth (MM/DD/YYYY)

## FAMILY UPDATE

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Update your classmates on what is happening with your loved ones (partner, children, pets, and others). You may continue your update on an additional sheet.

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## PHOTOS

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You may submit up to two photos to be included in your Reunion Report. Please choose photos that are sharp, in focus, well-framed, and with good exposure and contrast. All photos should be at least 600x600 pixels. JPEG is preferable if provided digitally.

How to submit photos:

- Send your photos as an attachment to [hmsalum@hms.harvard.edu](mailto:hmsalum@hms.harvard.edu) with your name, class year, and captions noted.
- Include your printed photos with this questionnaire. Please put your name, class year, and caption on the back of each photo. *Printed photos will not be returned.*

## LETTER TO CLASSMATES

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For letter submission, typed responses are preferred, via this fillable PDF or a separate Word document.

What have you been doing since the last time you saw your classmates? Share your reflections on the past, the present, and the future.

**Dear Classmates,**

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**THANK YOU FOR YOUR PARTICIPATION**

To submit your entry:

By Mail: Harvard Medical School  
Alumni Affairs and Development  
Attn: Marcilia Tartaglia  
401 Park Drive, Suite 505  
Boston, MA 02215

By Email: [hmsalum@hms.harvard.edu](mailto:hmsalum@hms.harvard.edu)