

Medical Information Form

Name_____

Student ID No. _____

Age_____ Blood Type_____

Local Phone_____

Height_____Weight_____

Local Address_____

Chronic Medical Problem(s): Be as specific as possible, especially if diabetic, epileptic, etc. Tell exactly what should be done in the event of a problem. It is in your best interest.

Current Medical Problem(s): If pregnant, it is in your best interest to take the lab manual to your physician and allow her/him to look over the chemicals you will encounter.

Do you have contact lenses ? _____ (Please sign contact lens waiver if you might wear them in lab)

Physical Disabilities

Current Medication(s)

Allergies to medications

Personal Physician -

Name _____ Phone (____) _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name_____ Relationship_____

Phone (home) (____)_____ business (____)_____

Student's signature _____ Date _____