

# Medical Information Form

**Complete this form and leave it with your TA, just in case there is an emergency.**

Name \_\_\_\_\_ Student ID No. \_\_\_\_\_

Age \_\_\_\_\_ Blood Type \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Local Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Local Address \_\_\_\_\_

Chronic Medical Problems (ex. diabetes or epilepsy)

Current Medical Problems

Current Medications

Any Physical Disabilities

Allergies

Do you wear contact lenses? \_\_\_\_\_ glasses? \_\_\_\_\_

Personal Physician

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## People to Contact in Case of an Emergency

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Alt Phone (\_\_\_\_\_) \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Alt Phone (\_\_\_\_\_) \_\_\_\_\_