

## Medical Information Form

This form is for your benefit in case you need emergency medical attention to help provide you with proper medical care. You are required to keep this form to your lab in your laboratory notebook.

**If it is not present, you should immediately fill out a new one. Please print clearly.**

Name\_\_\_\_\_

ID # \_\_\_\_\_

Address\_\_\_\_\_

E-Mail\_\_\_\_\_

\_\_\_\_\_

Phone\_\_\_\_\_

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

Date of Birth\_\_\_\_\_

Contact Lenses or Dental Appliances:

Chronic Medical Conditions/Concerns:

Current Medical Conditions/Concerns:

Disabilities (Physical, emotional or learning):

Allergies (including medications and latex products):

Current medications, homeopathic treatment or vitamins taken on a regular schedule:

Personal Physician (Name, Address, Phone):

Person to contact in case of emergency (Name, Phone):

Student Signature\_\_\_\_\_

Date\_\_\_\_\_