

Medical Information Sheet

University Baptist Church

Student Name _____ Home Phone # _____ DOB _____

Address _____ City _____ St _____ ZIP _____

Emergency contact _____ Phone Number(s) _____

Family Physician _____ Physician Phone _____

Insurance _____ Policy # _____ Group # _____

Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Check all that apply:

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble

_____ Diabetes _____ Dizziness _____ GI disorder _____ Hay Fever

Please explain: _____

Please list any allergies:

Food _____

Drug _____

Insect Stings/Bites _____

Plant _____

Other _____

List operations or serious illnesses and date _____

List all current medications (prescription or over the counter) _____

Special Dietary needs: _____

Childhood Diseases: _____ Chickenpox _____ Measles _____ Mumps _____ Whooping Cough _____ Other _____
