

Southwestern Adventist University and Earth History Research Center

Medical Information

Name _____ **Date of Birth** (mm/dd/yy) ____/____/____

Address: street _____
city _____ state _____ zip _____ country _____
phone _____ e-mail _____

Emergency Contact Person _____ phone _____

Medical Insurance Company _____
policy of group number _____
restrictions on coverage _____

Personal Physician _____ phone _____

Date of last Tetanus booster (mm.yy) ____/____ given by _____

Describe any restrictions on your physical activity:

Medications you are currently taking:

Allergies to medicines and/or acute allergies to environmental allergens (bee sting, pollen, horses, etc) and/or other conditions that might lead to an acute situation requiring an immediate response:

I hereby attest that the above information is complete and correct.

SIGNATURE _____ **date** _____

If a minor, parent or guardian signature _____ **date** _____