

# Department of Earth and Environmental Sciences, University of Kentucky, Student Health Form

Information on this form is strictly confidential and will only be used in case of an emergency. Form will be returned to participant, or destroyed, at the end of the field program.

Please print or type

Date of Birth:
UK ID Number:

## Participant's Information

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Last Name

First Name

Middle

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Address

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Cell Phone

Email

## Emergency Contact Information

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Name

Relationship

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Address

Email

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Phone Number(s) Home/Work/Cell

## Health Insurance Information

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Company or Organization

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Address

Phone Number

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Policy or Contract Number

Expiration Date

## Physician(s)

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Name

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Address

Phone Number

**Medical Information**

Do you have a Medic Alert tag/bracelet? (If yes, for what condition)

Allergies (food, insects, medications, others)

Do you carry medications for your allergies? (If yes, list medication(s) and dosages)

Current medications (include herbal and over the counter medications as well as prescription medications, including birth control pills)

**Pertinent Medical History**

(Please list medical conditions e.g., diabetes, asthma, seizures, etc. or physical conditions that might be important for emergency care.)

**Immunizations Relevant to Field Project**

**Special Medical Directives or Beliefs**

(Example any religious or other beliefs that might have an impact on medical care, such as blood transfusions, etc.)

**Important Notice:**

This form contains medical information that accurately reflects known medical conditions and medications I am currently taking.

Participant's Name

Participant's Signature

Date