

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

Last Name	First Name	Middle
Address		
Cell Phone		Email

Emergency Contact Information

Name		Relationship
Address		Email
Phone Number(s) Home/Work/Cell		

Health Insurance Information

Company or Organization	
Address	Phone Number
Policy or Contract Number	Expiration Date

Physician(s)

Name	
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