

HEALTH FORM (Adult)

Event/Activity/Trip

County

Dorm and/or Room Number

Name

Birth Date

Street Address

City

State

ZIP code

(_____) _____
Home Phone Number

Physical Record of Participant

Yes

No

Heart Condition

Diabetes

Polio

Convulsions

Ear Infections

Allergy to any medication

List medicines allergic to: _____

Other allergies (i.e., food, dust, pollen, animals)

List other allergies _____

Date of last tetanus shot: _____

Please list any current medication being taken:

Any other medical record information that would be beneficial during the program or in an emergency:

In the event of any emergency, I understand that first aid will be administered. I further understand that in case of serious injury or illness, I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

I also understand that, as a result of my participation in this program, it will be necessary for Purdue CES employees and other authorized personnel with the program to have access to my relevant medical information.

Yes _____ No _____

Signature

Date

Note: Check with activity coordinator or local Extension Office to determine whether or not accident insurance coverage is in force for this event.

Persons to contact in case of emergency:

Name

Home and/or office phone

Address

Name

Home and/or office phone

Address