

University of North Alabama
SRM 346, 450, 451, and All UNA West Trip Participants
Medical Form

Student Name _____

Date of Birth _____

IN CASE OF EMERGENCY NOTIFY:

Name _____

Insurance Company _____

Address _____

City/State _____

Contract No: _____

Phone _____

If unable to contact parents, who should be notified?

Name _____

Phone _____

1. Are you receiving any medical treatment, drugs or injections?

Yes

No

If yes, explain _____

2. Have you ever been treated for diabetes? _____ Heart disease _____

Asthma _____

3. Are you subject to headaches? _____ Back Pain _____ Sleepwalking _____

Dizziness _____

4. List any allergies:

Food _____

Drugs _____

Insect Bites _____

5. Date of last tetanus immunization _____