

Hamilton College Geology Department

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
Social Security Number

Student Information

Last Name	First Name	Middle
-----------	------------	--------

City or Town

Emergency Contact Information

Name	Relationship
------	--------------

Address

Phone Numbers	Home	Work
---------------	------	------

Additional Contact Numbers (pager, cell phone)

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

(current immunization records are available from the Hamilton College Health Center)

Special Beliefs

(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.

Student's Name

Student's Signature

Date

Field Program