

University of California Riverside Earth and Planetary Sciences Department Student Health Form

Information on this form is strictly confidential (to be kept in a sealed envelope) and will only be used in case of an emergency. The form will be returned to participant on request or destroyed at the end of the field program.

Date of Birth
Social Security Number

Student Information

Last Name

First Name

Middle Name

Emergency Contact Information

Name

Address

Phone Numbers Home

Additional Contact Numbers (cell phone)

Health Insurance Information

Company or Organization

Address

Policy or Contract Number

Physician(s)

Name

Address

Phone Number

Appropriate medical personnel may also request a student's medical record from the University of California Riverside Student Health Center, Veitch Student Center, North

Campus Drive, University of California, Riverside, USA voice: 951-827-3031 fax: 951-827-3133

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 (please 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, or other physical conditions that might be important for emergency care.)

Immunizations Relevant to Field Project (current immunization records are available from the University of California Riverside Student Health Center)

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

Dietary requirements (no pork, vegetarian, vegan, gluten-free, 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