

Personal Medical Info Form

Name _____ ID _____ PO _____ Phone _____

Program:

Program Dates:

- Are you currently being treated for any physical or mental conditions? If so, which ones? (*We recommend that you take relevant medical records, adequate medications and medical supplies for any existing or likely condition for the extent of your trip.*)
- What major diseases, ailments or injuries have you been treated for in the past (i.e. heart conditions, cancer, epilepsy, diabetes, depression, etc.)?
- List any allergies (food, drug, environmental etc.) you have.
- List any medications (including the generic names) you are taking.
- Do you require any medications for allergies?
- Name any special dietary needs you have.
- Do you anticipate any difficulty in meeting your dietary needs while participating in this program?
- State any additional health information we should be aware of including conditions that might affect your participation in the travel program:

Blood type (if known):

Optical lens prescriptions (if known): (L)

(R)

Student Life works hard to maintain strict confidentiality. However, in order for us to insure your safety while you travel, we must share the information that you have provided on this sheet with your program leader and the Bethel Health Service.

I have read and understand the above statement.

Participant's Signature

Date

Please return forms to: Office of Student Life, 3900 Bethel Drive #2388, St. Paul, MN 55112 FAX#651-635-2364