

**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 \_\_\_\_\_