



# PARTICIPANT MEDICAL INFORMATION FORM

## INSTRUCTIONS:

1. Fill form. 2. Sign digitally or print and sign. 3. Submit to main office via [geology@usu.edu](mailto:geology@usu.edu) or in person.  
*This form is confidential and used only by USU Geology for course activities. It will be deleted after graduation or employment.*

Name: \_\_\_\_\_

USU Identification (A#): \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**THIS INFORMATION IS VERY IMPORTANT AND USEFUL FOR US IN THE EVENT OF AN EMERGENCY.**

DATE OF BIRTH: \_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_

Allergies (drugs, foods, insects, plants, etc.): \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please indicate how your allergies are managed:

Have you had a severe allergic reaction? YES  NO  Do you carry Epinephrine? YES  NO

Major illness, injury, surgery: \_\_\_\_\_

Medications you currently take (prescription & over-the-counter):

Do you wear: Glasses? YES  NO  Contact Lenses? YES  NO  Neither

Please list any medical conditions that could limit physical activity such as, but not limited to, diabetes, asthma, hay fever, back injuries, etc.

## IN CASE OF EMERGENCY, CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Permission to release HIPAA protected medical information to your emergency contact: YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_