



Midland University  
Health Information Form

**STUDENT NAME** (print): \_\_\_\_\_ Age: \_\_\_\_\_

Student date of Birth: \_\_\_\_\_

Primary Physician name: \_\_\_\_\_

Primary Physician's phone number: \_\_\_\_\_

List allergies to any food, medications or environmental/animals:

List medications taken on a regular basis and dosage amounts:

List any physical disabilities or health problems that may inhibit or require special accommodations in your travels, or activities:

Do you have any removable or implantable devices? (Dentures, hearing aids, prosthetics, defibrillator):

Is there any other important information you would like to add in case of an emergency?

**Please return to Mandy Dames in Academic Affairs on the 2<sup>nd</sup> floor of Anderson.**