

**TRUMAN STATE UNIVERSITY**  
**Health Information Form (Science Division)**

Course \_\_\_\_\_ Lab Day & Time \_\_\_\_\_ Instructor \_\_\_\_\_

Laboratory Room Number \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Local Address and Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

Name and Phone of a Contact Person(parent/ guardian) \_\_\_\_\_

Name and Address of Family Physician \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Date of Last Tetanus Immunization \_\_\_\_\_ Contact Wearer (select one) Y N

Check any of the following conditions that apply to your medical history:

- |   |                       |
|---|-----------------------|
| Heart Trouble (e. g., arrhythmia, murmur, defect)   | Fainting/Dizzy Spells |
| High Blood Pressure                                 | Convulsions/Seizures  |
| Clotting Disorders (e. g., hemophilia)              | Diabetes              |
| Breathing Disorders (e. g., chronic bronchitis, CF) | Kidney Disease        |
| Asthma  | Other (list below)    |

Other Conditions: \_\_\_\_\_

Past Surgical History: \_\_\_\_\_

***This health form is for emergency use only. It will be provided to you and the EMT's, if you seek medical care. Your medical treatment is dependent on the information that you provided. By 10 days after the final exam week of the semester, the form will be shredded.***

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

**LAB USE ONLY**

**Chemical Exposure Information**

**LAB USE ONLY**

Chemical exposed to \_\_\_\_\_

When exposure occurred \_\_\_\_\_ Approx. amount present at exposure \_\_\_\_\_

Treatment Provided in Lab \_\_\_\_\_

MSDS to Hospital (circle one) Y N

Revised July 30, 2004