

Upward Bound Programs
Morehead State University
STUDENT MEDICAL DATA



(Please Print)

Student Name: _____ Date of Birth: _____ Sex: M ___ F ___

Address: _____
Street or Route City State Zip

Phone Number: _____ Social Security Number: _____

Parent/Guardian: _____ Phone Number: _____

Work Number: _____ Place of Employment: _____

Family Doctor (Name)/Location: _____ Phone: _____

Allergic to any medications: _____

Other allergies (seasonal, insect bites, etc.): _____

Current medications: _____

Family history of illness: _____

Any over-the-counter medications that should **NOT** be administered: _____

Any physical limitations: _____ Date of student's last tetanus vaccination: _____

Does the student have health insurance or a medical card: Yes ___ No ___

If YES, please provide name of company and policy number. Also attach a copy of the current card for the student.

Company: _____ Policy/Medical card #: _____

PLEASE PROVIDE A COPY OF THE STUDENT'S IMMUNIZATION RECORD; YOU MAY OBTAIN THIS FROM YOUR COUNTY HEALTH DEPARTMENT OR FROM THE HIGH SCHOOL

PARENT/GAURDIAN SIGNATURE: _____ **DATE:** _____

Please use the back of this form to provide any additional information concerning medical history that you feel Upward Bound staff should know.