

Lloyd P. Young Student Center
Keene State College
229 Main Street, Keene, NH 03435-3003
(603) 358-2663 Fax (603) 358-2875
www.keene.edu

MEDICAL QUESTIONNAIRE

Please Print

Name: _____ Phone: _____

Local Address and Mailstop: _____

Home Address: _____

Local Phone: _____ Home Phone: _____

Class Standing (circle one): FY SO JR SR GR

Emergency Contact Person: _____ Relationship to you: _____

Work phone: _____ Home Phone: _____ Cell Phone: _____

Do you have health/accident insurance? Yes No Insurance Carrier name and policy number: _____

Are you allergic to anything (e.g. food, drugs, bees, etc.)? Yes No If yes, please indicate **specific allergy and type of reaction:** _____

Are you taking any medication(s) that might affect your ability to participate in the trip? Yes No
If yes, indicate type, name, amount, frequency taken and reason: _____

Do you have, or have you ever had any of the following?

Diabetes	Yes ___	No ___
Epilepsy or Seizures	Yes ___	No ___
Asthma	Yes ___	No ___
Dizzy Spells	Yes ___	No ___
Heart Problems	Yes ___	No ___
Fractures/Broken bones	Yes ___	No ___
Knee, back/neck injury	Yes ___	No ___
Surgery in the past 2 years or that has permanent effects	Yes ___	No ___
Nerve Damage	Yes ___	No ___

Please explain conditions marked "Yes" (include severity, frequency and treatment): _____

Do you have any physical or medical condition you think we should know about? Please explain: _____

Signature: _____ Date: _____