



National Latino Media Council



National Hispanic Media Coalition

MEDICAL FORM

Please complete this form and return to Nilda Muhr before orientation. Use additional sheets as necessary. This information is required to make special accommodations if necessary for medical conditions and for the event of an injury.

GENERAL INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____

In an event of an accident, please notify:

Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Home Phone: () Work Phone: ()

If the above person is unavailable, please notify:

Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____
Home Phone: () Work Phone: ()

MEDICAL INSURANCE INFORMATION:

We strongly encourage you to have medical and evacuation insurance and to bring your insurance card or other documentation with you on the trip.

Company Name: _____ **Policy Number:** _____
Contact Phone Number (if applicable): _____

VITALS:

Any problems with eyes or vision? _____ **Do you wear prescription glasses or contacts?** _____
If so, we recommend bringing a spare set of contacts or glasses.

ALLERGIES:

Please list all medications to which you have had a reaction (including aspirin).

How severe was the reaction?

Are you allergic to bee stings? _____ If so, how severe are your reactions?

Do you carry an anaphylaxis kit? _____

Please include all allergies to food, insects, etc., and be sure to note the type and severity of the reaction.

Illnesses and Medications

**Recent
Illness?**

**Accidents, operations,
hospitalizations?**

**Recent exposure to infectious
diseases?**

Please describe any medications you are taking, why you are taking them, how much and how often.

Medication Name	Dosage	Frequency	Reason

