



NEW MEXICO JUNIOR COLLEGE CAMPUS HOUSING MEDICAL STATUS INFORMATION RECORD

TO THE STUDENT: All NMJC students residing in campus housing are required to complete this form.
All information supplied will be held in strict confidence.

PLEASE PRINT

Last Name	First Name	A#	/ / Date of Birth
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Home Address (Street and #)	City	State	Zip
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In the event of an emergency, accident or illness, who can be contacted to legally assist in making medical decisions on your behalf?

Name	Relationship
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Address (Street and #)	City	State	Zip
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Phone #: () _____

Phone #: () _____

MEDICAL HISTORY/INFORMATION:

Please give any information you think would be beneficial for NMJC to know in the event that medical treatment is needed.

How would you rate your general health status now? (Please circle one) Excellent Good Fair Poor

Do you take routine maintenance medication? (Please circle one) Yes No

If yes, please list: _____

Are you allergic to any drug/medication? (Please circle one) Yes No Do not know

If yes, please list: _____

IN THE EVENT EMERGENCY MEDICAL SERVICES MUST BE CALLED ON YOUR BEHALF, WE WILL PROCEED IN NOTIFYING THE EMERGENCY CONTACT ON FILE.

STUDENT SIGNATURE

DATE