

Step 2 The Future College Tour

Medical / Health Record & Emergency Contact

Last Name	First Name	MI	
School	Graduation Year		
Address	City	State	Zip Code
Birthdate	(Area Code) Phone Number		
Emergency Contact	Phone Number		

Please check any of the below listed medical problems touring student had or now has:

- ☐ Hay Fever, Asthma or Wheezing
- ☐ Eczema or Frequent Skin Rashes
- ☐ Allergies or Reactions to food, drugs, and medicines, other - please list below:

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- ☐ Convulsions or Seizures
 - ☐ Shortness of breath
 - ☐ Frequent colds ☐ Sore throats ☐ Earaches ☐ Headaches
 - ☐ Stomach aches
 - ☐ Leg or Arm pains
 - ☐ Trouble with passing urine or bowel movements
 - ☐ Heart trouble
 - ☐ Diabetes
 - ☐ Dental Problems
 - ☐ Car/Bus Sickness
 - ☐ High Heights Fear
 - ☐ Bed Wetting
 - ☐ Hypertension
 - ☐ Currently on medication
 - ☐ Other – Please briefly explain checked items

Medical Insurance Information
(Insurance Provider | Policy Number | Responsible Party)
