

MEDICAL AWARENESS LIST

This form is for your safety in the event of an emergency and is Confidential.
Please complete and return this form with your other orientation materials.

Medical Condition	Medication if Needed	Dosage
<i>Asthma</i>		
<i>Blood Pressure</i>		
<i>Diabetes</i>		
<i>Epilepsy</i>		
<i>Headaches</i>		
<i>Respiratory</i>		
<i>Seizures</i>		
<i>Other:</i>		
Note:		

PLEASE LIST ANY KNOWN DRUG ALLERGIES

Printed Name _____

Signature _____ **Date** _____