

WESTERN NEW MEXICO UNIVERSITY HEALTH FORM

TO THE STUDENT: Complete Part I of this form. PLEASE PRINT! Part II is to be completed by your family physician. Information supplied will become part of your health record, which will be held in strict confidence.

Part I - to be completed by student

(Print) Last Name	First Name	Middle Name
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Home Address	City	State	Zip
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Emergency Contact	Relationship
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Contact Address	City	State	Zip
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(____) _____	(____) _____
Contact Home Phone	Contact Business Phone

Part II - to be completed by physician - check appropriate items

____ 1. This student can participate in a program of physical activity to include basketball, volleyball, handball and other activities.

____ 2. This student should be enrolled in a restricted program of physical activity.

____ 3. This student should NOT be enrolled in any physical activity.

____ 4. This student is currently on a medical regime, which needs to be continued. Explain

____ 5. Please state any severe allergies to food or medication: _____

____ 6. Please state any chronic conditions: i.e., diabetes, epilepsy, etc. _____

If items 2 or 3 were checked, explain: _____

____ 7. Student intramural activities: unlimited activity _____ no activity _____

Signature of physician

Date

Address

City

State Zip

Phone: (____) _____

Printed name of Physician