



SANTA BARBARA

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Confidential Medical History and Information Form

This form and all the information contained with be kept confidential. It will not be reviewed by anyone, including the instructors. It will only be consulted if and when an emergency arises. It will be kept in a confidential sealed envelope in the instructors care at all times.

_____ / _____ / _____
Full Name

Date

1. Please list any existing medical conditions:

2. Please list any medications you are currently taking:

3. Please list any medications that you are allergic to: