



SANTA BARBARA

DEPARTMENT OF EARTH SCIENCE  
Santa Barbara, CA 93106-9630  
Phone: (805) 893-3471  
Fax: (805) 893-2314  
<http://www.geol.ucsb.edu>

## Non-Confidential Medical Information Form

Please note: this information will be shared with the instructors of the course, please only put non-confidential medical information below.

\_\_\_\_\_

Full Name

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

Please use this form to tell us about any medical conditions (including mental health conditions) that you feel we should know about before the trip. We will read over these forms before we leave.

1. Please list any medical conditions you would like us to know about:

2. Please list any medications you are taking or preventative medications (e.g. epipen) that you would like us to know about:

3. Please describe your fitness level (do you exercise regularly, can you swim, what types of activities do you engage in):