

Information is solely for the use of CMCC officials and becomes property of the College upon submission.

Student's Information (please print)

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Major: _____

1st Person to be notified in an emergency: _____ Relationship: _____

Address: _____ Phone Number: _____

2nd Person to be notified in an emergency: _____ Relationship: _____

Address: _____ Phone Number: _____

Student's Medical History

Current health status: Good Fair Poor

Current height: _____ Current weight: _____

List, by dates, any hospitalizations or surgeries: _____

List, by dates, any serious illness, injury, or accidents: _____

List any allergies that you have: _____

List any medications that you are currently taking: _____

List any restrictions for physical activity that you have: _____

Any other medical information not covered above: _____

I give permission for health care and emergency treatment:

Signature of student

Date

Signature of parent or guardian (if student is a minor)

Date

Please return by mail or fax to:

Central Maine Community College
1250 Turner Street, Auburn, ME 04210
Tel: (207) 755-5273 Fax: (207) 755-5493