



SELF-DISCLOSED MEDICAL DECLARATION FORM*

Date of Birth: _____

Condition being declared: _____

How you are affected by this condition: _____

Required action: _____

Medication being taken: _____

Dosage: _____ Storage requirements: _____

Do you carry/need any emergency medication? Yes/No

If Yes give details: _____

*Provided to medical staff so they are informed if medical needs arise

Name: _____
ID#: _____
Student Cell: _____
Emergency Contact (name & number): _____
