

**SACRAMENTO STATE
STUDENT-ATHLETE MEDICAL INFORMATION**

NAME

(FIRST)

(LAST)

SPORT

SSN

DATE OF BIRTH

YEAR IN SCHOOL

MARITAL STATUS

E-MAIL

LOCAL ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP)

LOCAL PHONE

CELL PHONE

PARENT INFORMATION

FATHER

MOTHER

ADDRESS

ADDRESS

PHONE

PHONE

EMPLOYER

EMPLOYER

COMPANY

COMPANY

ADDRESS

ADDRESS

PHONE

PHONE

INSURANCE CARRIER :

INSURANCE CARRIER :

POLICY NUMBER

POLICY NUMBER

GROUP NUMBER

GROUP NUMBER

INSURANCE ADDRESS

INSURANCE ADDRESS

INSURANCE PHONE NUMBER

INSURANCE PHONE NUMBER

MEDICAL HISTORY

ALLERGIES

MEDICATIONS TAKEN REGULARLY

FAMILY PHYSICIAN

(NAME)

(ADDRESS)

(PHONE)

RELIGIOUS MEDICAL RESTRICTIONS

CONTACT LENSES : YES / NO