
2009-2010 MEDICAL INFORMATION FORM

FAILURE TO **COMPLETE ALL BLANKS** WILL RESULT IN CLAIM PROCESSING DELAYS

Please attach a front and back photo copy of ALL current health insurance cards

Name of Athlete: _____
EIU e-number: _____
Social Security #: _____
Date of Birth: ____/____/____
Hair Color _____ Eye Color _____
Height _____ Weight _____

Sport: _____
Cell Phone: (____)____-____
Home Address: _____
City: _____
State: _____ Zip: _____
Home Phone: (____)____-____

Father/Guardian: _____
Address: _____
City: _____
State: _____ Zip: _____
Cell Phone: (____)____-____

Mother/Guardian: _____
Address: _____
City: _____
State: _____ Zip: _____
Cell Phone: (____)____-____

Employer: _____
Address: _____
City: _____
State: _____ Zip: _____
Work Phone: (____)____-____

Employer: _____
Address: _____
City: _____
State: _____ Zip: _____
Work Phone: (____)____-____

Insurance Carrier: _____
Insurance #: _____
Med Impact #: _____ Grp #: _____
Insurance Phone: (____)____-____
City: _____
State: _____ Zip: _____

Insurance Carrier: _____
Insurance #: _____
Med Impact#: _____ Grp #: _____
Insurance Phone: (____)____-____
City: _____
State: _____ Zip: _____

Name Of Physician _____
Physician Phone # (____)____-____

Physician Address _____
City _____
State _____ Zip _____

Insurance plan is a Health Maintenance Organization (HMO) ____ or a Preferred Provider Organization (PPO) ____

Does your insurance plan require a second opinion before surgery? YES ____ NO ____

Does your insurance plan require a pre-certification before hospitalization? YES ____ NO ____

PERSON TO CONTACT IN CASE OF AN EMERGENCY IF PARENTS/GUARDIANS UNAVAILABLE:

Name: _____ Relationship: _____ PH # (____)____-____

Please list **all known medical problems**: (allergies, re-occurring sprains, migraines, diabetes, asthma, etc.)

1. _____ 2. _____
3. _____ 4. _____

Please list **any prescription drug** you are taking and reason

1. _____ 2. _____
3. _____ 4. _____

Please indicate other medical information that would be helpful to know:

ALL INFORMATION RECORDED ABOVE IS ACCURATE AND CURRENT:

Student Signature: _____ Date: ____/____/____

Parent's Signature: _____ Date: ____/____/____

INFORMATION USED FOR EMERGENCY SITUATIONS ONLY AND KEPT CONFIDENTIAL